

CHEMIST & DRUGGIST

the newsweekly for pharmacy

a Benn publication

February 12 1983

Greenfield goes
for generic
substitution:
Government to
elicit 'views'

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MPs vote
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parallel
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CHEMIST & DRUGGIST

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Editor/Publisher
Ronald Salmon MPS
Assistant Editor:
John Skelton BPharm, MPS
Contributing Editor:
Adrienne de Mont
BPharm, MPS
Beauty Editor:
Liz Platts BA
Editorial Assistants:
Patrick Grice BPharm, MPS
Paul Slade BA

Price List Controller:
Colin Simpson

Director: James Lear

Advertisement Manager:
Peter Nicholls JP
Assistant Advertisement
Manager:
Doug Mytton
Production: Shirley Wilson

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COMMENT

No Greener?

Now that the Greenfield Report on effective prescribing has at last been published (p252) we can see how justified was the (unsuccessful) campaign to have a pharmacist included in the working group's membership. In fact, the report is a pathetically laid out document and the much publicised recommendation concerning generic substitution is the only paragraph of substance. There are no supporting statistics, no sources of information or opinion, and, frankly no ideas that could not have been read in articles and speeches that have been going the rounds for years.

But would a pharmaceutical input have made any difference? Well yes, we think it might. Most importantly the pharmacist's role is taken for granted — and is taken to be a passive role at that. In the main recommendation on substitution, it is assumed that the pharmacist will perform whatever task is demanded of him, the supply function being his sole *raison d'être*.

Fortunately, both the Society and the Pharmaceutical Services Negotiating Committee have put spokes in that wheel. The one by insisting on independent confirmation that product similarity is such that there will be no difference in patient response (and much more could be read into that bio-equivalence), and the other by demanding a "no detriment" condition in respect of contract remuneration.

So where has the report most pharmaceutical opportunities? First there is the proposed extension of local therapeutics committees to include general medical practitioners — without mention of pharmacists, despite the effect decisions may have on community pharmacy and despite the essential role hospital pharmacists already play on such committees.

Then there is the suggestion that patients should hold their own "drug

treatment cards." Although these are intended to help avoid drug interactions, there is again no suggestion of pharmacist involvement — despite the fact that one-fifth of prescriptions are not presented for dispensing and that the cards would offer an excellent opportunity to include over the counter medicines in the picture. It should also be pointed out in this context that new arrangements for payment of Statutory sickness benefit will reduce surgery visits for minor illness, presumably also reducing prescription issue and encouraging self-medication.

Next there is the criticism of hospital doctors who leave continuation treatment to the patient's own GP — the working group gives as one of its reasons the fact that the cost of the GP-prescribed drug may be higher than that of one supplied by the hospital. But even here the group fails to take up the Society's long standing proposal for triple prescriptions. The generic the hospital might supply could then still be ordered but the waste so often associated with hospital prescribing could be avoided. The Society will presumably take note that the triple form does not even receive a mention in the section headed "Limitation of quantities." Finally there is a proposal that there should be publicity (including television) indicating "the drugs which can be obtained over the counter and are cheaper than the current prescription charge." Yet again no mention of the pharmacist in the scheme of things.

The working group offers in its report to "undertake a more detailed examination" of its proposals. If it is allowed to do so, we hope it will recognise that it has been short of some expertise and request the Secretary of State for some further assistance. It may then discover some matters of principle it has omitted as well as matters of detail.

DHSS seeks 'views' on Greenfield

Greenfield says generic prescribing by GPs should be encouraged with generic substitution by the pharmacist permitted if the doctor does not object. It approves of 'appropriate medications in appropriate quantities,' self-audit of drug costs by GPs, drug formularies, a review of the education of doctors and publicity for OTC medications costing less than the current script charge. It disapproves of the notion of a national 'limited list of drugs.'

Prescribing by approved name could result in saving to the NHS, it may make the doctor think more about the range of drugs available to him and the relationship between groups of drugs, and it may create a flexibility which should help the pharmacist in his arrangements for stocking drugs. So says the report of an informal working party on effective prescribing, chaired by the principal medical officer at the DHSS, Dr P.R. Greenfield, published last week, some 12 months after it was presented to Mr Norman Fowler, Secretary for Social Services.

The report goes on to say that generic prescribing allied to generic substitution by the pharmacist in the absence of an objection by the GP "... could bring about a significant change in the pattern of prescribing which would result in savings to the NHS." This is to be effected by "... a simple scheme which would require doctors to indicate a positive preference for the proprietary version by initialling a box provided for that purpose on the FP10. In the absence of doctors initials, and assuming alternative 'generic' version exists, the pharmacist would be expected to dispense the approved name preparation and would be paid according to the basic price indicated in the Drug Tariff."

Quality and efficacy

Greenfield is satisfied that the quality and efficacy of unbranded drugs available in the UK is sufficiently high for prescribers not to have to take them into account. And bio-availability problems are likely to occur with only a small number of drugs which could be listed in the BNF, it says.

But the report does suggest that proposed EEC legislation rendering the supplier of drugs (manufacturer, doctor

or pharmacist) responsible if any harm befall the patient, should be kept under review. Differences in size, shape and colour of solid dose preparations are "not a major problem," says the report, but careful explanation by the prescriber and dispenser may be needed.

Despite the fact that the average prescriber only uses a range of 200-300 drugs, out of the 4,500 listed in the BNF and the 6,500 available for prescribing at NHS expense, the working party does not advocate a national "Limited List" of drugs. "We have not seen convincing evidence that the suggested financial

benefits would outweigh the administrative problems in drawing up and maintaining the list." However, a formulary drawn up by local drug and therapeutics committees to promote effective and economical prescribing in both hospital and general practice is seen as advantageous, especially if such a formulary uses the BNF as a reference source. But the difference in the cost of drugs to hospitals and retail pharmacies must be taken account of, the report says.

'Appropriate medications ...'

Effective prescribing includes not only the prescribing of appropriate medication in the appropriate quantity to achieve results as quickly as possible, but also consideration of whether drug therapy is necessary at all, says the report. General practitioners should have available to them frequent, detailed analyses of their own prescribing for self-audit purposes — these should form part of a continuous educational process — but research into the method and style of presentation is needed. Regional Medical Officers are well placed to assist GPs with high prescribing costs in these reviews of their prescribing but the emphasis should be on future support, advice and encouragement.

Doctor's education: A review of existing arrangements for the training of undergraduates in pharmacology and therapeutics should be undertaken with a view to broadening the students' experience before qualification, says

Mr Fowler asks for...

Mr Norman Fowler, Secretary for Social Services, says the report makes a number of recommendations on which the views of interested organisations are now being sought, including the medical and dental professions, pharmacists and the pharmaceutical industry. "As the report says effective prescribing needs to be considered in the context of the effective use of resources. The Government is already taking action in several important areas."

Mr Fowler agrees GPs should always have analyses of their own prescribing for self-audit. He agrees the Government should continue to fund the distribution to doctors of essential prescribing information such as the BNF and cost comparison charts, and that GPs should collaborate more closely with their hospital colleagues in achieving agreed local prescribing policies. He says the wider issue of individual drug treatment cards to patients is also in

line with Government policy and promises to draw the Greenfield recommendations on the improvement of medical training to the attention of the appropriate professional and educational bodies.

But he turns aside the recommendation on generic substitution pending consultations. "... The working group refers to possible financial savings, but also says that there are other factors — including a possible adverse effect on the innovative sector of the pharmaceutical industry — which were outside their terms of reference.

"The recommendation on generic substitution is also relevant to the review of the working of the Pharmaceutical Price Regulation Scheme which I have set up (*C&D*, February 5, p240)." The comments of representatives of the medical, dental and pharmaceutical professions and the pharmaceutical industry, on the group's recommendations have to be made to Mr Norman Fowler by April 15. "I will make a further statement as soon as I have had time to consider them," Mr Fowler said.

Greenfield, with greater emphasis on the teaching of therapeutics and medical management to postgraduates.

Cheaper OTC's list

Finally, as part of a programme to educate the patient to be conducted largely by the GP, the working party says consideration should be given to producing material for public display. This would indicate "... those drugs which can be obtained over the counter and are cheaper than the current prescription charge; in this and in the wider context of drug information, the opportunities offered by television should be explored."

ABPI says 'reject Greenfield...'

The Association of the British Pharmaceutical Industry is confident that on public interest grounds alone the Government will reject the generic substitution recommendation of the Greenfield committee. "It is unfortunate that among its many recommendations the only one to get public attention has been the suggestion that generic substitution by the community pharmacist should be permitted," says the ABPI.

The Greenfield committee was set up as an informal committee with the commendable objective of increasing the effectiveness of doctor's prescribing says the ABPI. Mr Norman Fowler, said last week that the committee "specifically did not examine the contribution that the pharmaceutical industry makes either to the discovery and development of new medicines or to the economy generally."

'Possible consequences'

The ABPI says the committee acknowledges that it was not possible to assess the impact of the recommendation on innovation nor did it consider other "possible consequences."

The UK pharmaceutical industry, represented by the ABPI, believes that "other factors" weigh overwhelmingly against acceptance of the generic substitution recommendation which, far from producing savings if implemented, would result in major economic losses to the country and serious progressive damage to the research-based industry.

Drugs supplied through Family Practitioners Services total less than £1100m and only a fraction of these, which are not covered by patent, could be substituted, the ABPI says. The proportion of NHS spending devoted to drugs has been very constant over many years, generally less than 10 per cent.

PPRS at work

The pharmaceutical industry in the UK has had its prices regulated by a series of schemes determined by successive Governments since 1957 which have sought to balance reasonable prices to the

NHS against encouragement of what is largely an international industry to invest in research and production in, and export from, the UK. The present PPRS scheme was agreed by the Labour Government of 1978 and, contrary to certain newspaper headlines, the recent Report of the Comptroller and Auditor General on the working of the scheme (*C&D*, January 29, p157) did not conclude that the profits of the industry, or its prices were excessive. While the Retail Price Index has risen from 100 to 370 between 1971 and 1981, the index for drugs has risen from 100 to only 226 in the same period and drug prices here overall compare favourably with those in other European countries, the ABPI says.

Encouragement of research in the UK through Government policies has resulted in 10 per cent of world pharmaceutical research being located in the UK while the market is only 4 per cent of the world total. They say inward investment by foreign-owned pharmaceutical companies over the past three years alone has totalled £300m. For many years the industry has generated a very substantial balance of payments surplus which for 1982 is likely to exceed £600m on total export sales of about £1,000m.

Substitution leads to...

The effect of generic substitution would be an immediate loss of investment confidence which would lead to a steady and irreversible decline of export activity, reduction in research, the importation rather than manufacture here of many new medicines and a substantial reduction in the present 70,000 workforce in the pharmaceutical industry itself and the peripheral supplying industries involving thousands more, says the ABPI.

Many drug prices would have to rise and the generic products themselves would tend to come from overseas sources rather than from domestic manufacturers who have the high costs of meeting the stringent requirements of the Medicines Inspectorate. The apparent and modest gains arising from substitution would be greatly exceeded by losses in the balance of payments, in inward investment, in tax revenue and in jobs, the ABPI concludes.

Danger noted

A feature of UK patent law which makes the threat of generic substitution potentially dangerous for UK manufacturers has been pointed out by stockbrokers Grievson Grant, in an investment report on the drug companies. "Under Section 55 of the Patent Act (1977) it is possible to obtain supplies of patented goods from unlicensed sources for the services of the Crown. This has rarely, if ever, been invoked," says the report, "but in theory it is possible for the NHS to buy generic versions of any drug regardless of whether the patent has expired." However, the chances of this happening seem to be remote, they say.

The report concludes that with the exception of consumer groups, the



The sixth annual L'Oreal Handicap Hurdle, held recently at Newbury, was won by Great Light. Bruce Atkinson, owner of the winner is shown here receiving the L'Oreal trophy from Mrs Beryl Ashley, wife of company chairman Cyril Ashley

Labour Party and the SDP, there appears to be little support for the implementation of generic substitution in the UK.

"Political pressure may lead to some tightening of the controls on the profitability of the UK pharmaceutical manufacturing."

Alan Smith says...

Chief executive of the Pharmaceutical Services Negotiating Committee, Mr Alan Smith, told *C&D* that, while he personally was not in favour of generic prescribing across the board, it was not proper to talk of making savings on the NHS drugs bill without looking at the cost of those drugs. The profession had previously looked at limiting the quantities of drugs prescribable, the triple prescription and bulk prescribing among other measures, to save expense, he said.

In his paper to the Council of the Pharmaceutical Society Mr Smith concentrated on patent-expired drugs, drugs with no history of bio-availability problems and had excluded poly-pharmaceuticals and drugs under patent. Drugs under patent had to be protected from substitution so that capital investments and research development cost could be "rewarded", Mr Smith said.

He liked the idea of the local therapeutic committees (PSNC had written to Local Pharmaceutical Committees on the matter a year ago) and also the proposal on individual drug treatment cards. The report recognised that considerable differences between the costs of the same drug in retail and hospital could occur: Mr Smith approved. However, he was "delighted" at the suggestions on the education of doctors in the report and would like to see pharmacists lecturing to them.

See p254 for

PSGB Council debate on generic substitution

Council offers to discuss generic substitution with DHSS

The Pharmaceutical Society's Council agreed the following statement on generic substitution at its February meeting: "The supply by a pharmacist of a product which is an alternative to a prescribed product of the same drug, requires unbiased information approved by a source independent of the manufacturer being made available to the pharmacist, confirming that the two products are so similar in their characteristics that the patient would respond as though substitution had not taken place.

"The Council of the Pharmaceutical Society of Great Britain would be prepared to discuss with the Department of Health and others a means by which this might be achieved."

The Society's officers at a meeting on January 31, considered documents prepared by the secretary and registrar, by Professor A. Beckett and by Mr B. Silverman, and also considered comments by other Council members.

In his own paper, the secretary and registrar, Mr D. F. Lewis, said that generic substitution was a problem of infinite variation and it could be extended in argument indefinitely. As each problem was examined, more problems were uncovered.

Mr Alan Smith had argued that if substitutions were restricted to no more than 11 products, all introduced as proprietaries, but all now out of patent, a saving of £29m a year would accrue to the Exchequer.

Basic principle

Mr Lewis added that if a basic principle could be agreed for those 11 products then, once established, it could be expanded by subsequent debate and perhaps extrapolated to cover other products. What was important was to establish the basic principle, which was already operating in hospital practice and provide for its extension to community practice.

Mr Lewis said that no product on Mr Smith's list *C&D*, January 22, p98) had a BP dissolution test, so the question of bioavailability should not arise if a generic product was offered for sale with the warranty that it complied with BP standards.

It was claimed that community pharmacists had no access to analytical laboratories to do spot checks on generic products. Those who proposed wholesale laboratory testing often had no appreciation of the costs which would be up to £350 a sample.

Mr Lewis reminded Council that the Statement upon Matters of Professional Conduct prohibited substitution except with approval of the prescriber or in an

emergency. If Council published a statement allowing partial substitution, then the code of conduct would have to be amended at a general meeting.

Additionally, under Section 64(1) of the Medicines Act, "No person shall, to the prejudice of the purchaser, sell any medicinal product which is not of the nature or quality demanded by the purchaser." Mr Lewis pointed out that the side note in the Act described that as "Protection of purchasers of medicinal products." In that sense it would cover NHS dispensing in the interest of the patient, substitution should only be allowed if the two products were so similar that the patient would respond as though substitution had not taken place.

The information required before products could be related included drug content and method of analysis, source of drug, impurities, storage, dissolution results and the influence of storage, bioavailability characteristics in man relating to a standard, batch number, together with independent information on the first six points.

Lack of knowledge

"To consider that product licences and data sheets and purchase from 'good' generic manufacturers means that a brand name product is equivalent to a generic product, or one generic product is equivalent to another, is irresponsible and demonstrates lack of scientific knowledge and of professional responsibility."

The pharmacists' responsibility would be to satisfy himself that a particular product could be substituted by a different product of the same drug, on which he had the information on equivalency, and he must realise that he would be responsible legally if a patient suffered because he had substituted a non-equivalent product. The identity, ie manufacturer, supplier and batch number of a product must be recorded on the prescription form. If the product was supplied in any other than the original pack, then the manufacturer and batch number must be recorded in the container provided to the patient.

The quality control required to protect the patient would mean increased inspection of premises and products of smaller generic manufacturers who may have limited qualified persons and facilities for quality assurance; and independent quality control testing of generic products as well as branded products.

Much emphasis had been made on the savings to the NHS which could result from generic substitution. But if equivalence had to be demonstrated and appropriate standards enforced there

would be costs of a bigger inspectorate; an independent national control laboratory; the increased costs to smaller generic manufacturers of reaching appropriate standards and providing information to the pharmacist on equivalence of their products; the increased emphasis on original pack dispensing which would inevitably follow if the manufacturer was to be identified on the final container; the increased cost of generic manufacturer's providing information on their own products and interactions, which at present are provided by manufacturers of products using drugs under patent.

Will EEC follow?

Mr Silverman's paper pointed out that savings to the NHS bill would not necessarily be net savings. Since the introduction of generic substitution in Great Britain was likely to be followed by similar introduction in the EEC, the UK industry would be obliged to compete with world-wide suppliers of generic medication and the general lower price attracted would reduce the value of export revenue.

Council should have as its primary concern the likely effect that substitution would have on community pharmacy practice, and the safety and efficacy of medicinal products made available to the public. As a secondary concern Council should be aware of the effect on the industry which employed many of the Society's members.

He saw little significance in the argument that enhanced status would result from greater responsibility. Although substitution arrangements were workable in hospitals, these pharmacists were to a large extent removed from the commercial pressures experienced in retail business and a greater part of their strict liability for defective products was removed through Crown Exemption.

Payment would probably be based on the cheapest available material. Many pharmacists would decide not to be influenced in their choice of medicament by cost alone but would take measures to satisfy themselves that the quality of material dispensed was satisfactory. Other pharmacists, a large number, would inevitably resort to commercial pressure to obtain the cheapest material. This would determine the actual price paid to all pharmacists.

The officers then agreed a draft statement for consideration at Council's February meeting, which was accepted after amendment.

Council expressed the view that: the present arrangements for the issue of product licences were insufficient on their own for safe substitution to take place; the pharmacist must be satisfied that the substituted product was of precise bioequivalence to that prescribed; the pharmacist should not be forced into the position of having to substitute the cheapest product just because it was the cheapest.

Vestric and others say no parallel importing

Vestric managing director Mr Peter Worling has refuted suggestions that major wholesalers may be involved in re-importing drugs from the Continent. This follows an article in *The Times* in which Mr Malcolm Town, a director of Maltown, says wholesalers and chemists are importing £1m of ethical pharmaceuticals each week.

In a letter to the paper (unpublished as C&D went to press) Mr Worling says the article implies that it is common practice for wholesalers to purchase drugs from Continental sources at lower than normal prices in the UK market and supply them at British trade price, pocketing the difference.

"I should like to point out that this is certainly not true in the case of my own company and other major distributors whom I know of in the industry," says Mr Worling.

Other major wholesalers come out strongly against the practice. "We are not involved in anything like that at all," says Mr Ken Warren, operations director at Barclays. "No *bona fide* wholesaler is going to stick his neck out on this kind of thing."

Second pharmacists 50 pc down on '69

The number of second pharmacists employed is now 50 per cent of the level in 1969 in spite of pharmacy closures and increased prescription volume, Mr Alan Smith, Pharmaceutical Services Negotiating Committee chief executive, told the Weald of Kent branch of the Society last week.

All contractors receive about 5p per prescription regardless of whether they employ a second pharmacist or not, and this disincentive had led many contractors to employ technicians instead. The PSNC has proposed that the pharmacy actually employing an additional pharmacist should be paid for on an individual basis, Mr Smith said.

He urged pharmacists not to undersell their professional abilities, and to take advantage of the fact that his counter prescribing is now for a socio-economic

Unilever say their regional committees have recommended that members do not get involved in parallel importing. Mr David Wright, managing director at Macarthy's, says the company is "most certainly not involved in parallel importing."

The article in *The Times* carries the now familiar comparison of prices here and on the Continent. Mr Town alleges that publicity over his prosecution has alerted many individual chemists to the possibilities and they are now importing cheaper priced drugs.

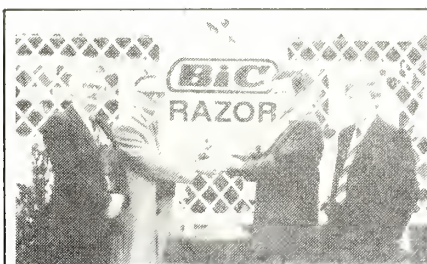
□ Mr Geoffrey Finsberg, Under Secretary for Health, announced recently that the Department was working on a scheme for regulating the importation of drugs, to ensure the necessary safeguards against unlicensed medicines were applied. In a later written answer he said that generally section 7(3) of the Medicines Act prohibits the importation of medicinal products for use in the UK except in accordance with a product licence. Before such a licence is granted the Department has to be satisfied of the safety, quality and efficacy of the product. The European Commission has issued guidance on how member states should deal with applications for the parallel importation of proprietary products and the Department is preparing proposals for reconciling current United Kingdom regulatory practice with the EEC guidance.

group. He forecast that in the future there will be increased emphasis on the service rather than the supply aspects of community pharmacy, and professional payments will be influenced by this. Current examples are the basic practice allowance and the essential small pharmacy scheme.

Although nearly 70 per cent of turnover in independent pharmacies comes from NHS dispensing this has not led to a greater allocation of space, nor a greater proportion of working capital invested in stock. Few pharmacies have a quiet corner where a patient can discuss his medication problems, Mr Smith said.

Blood pressure monitoring, urine analysis, monitoring of repeat prescriptions and patient medication records are all places where the service aspect of pharmacy could be emphasised. It is essential that the pharmacist's talents are utilised, Mr Smith said, otherwise pressure to cut down the standard of training (it costs £20,000 to train a pharmacist) will increase.

Council meeting that the Prescription Pricing Authority has been unable to supply the Society with details of the numbers of prescriptions calling for more than 28 days' supply, because the absence of dosage instructions made it impossible to calculate the length of treatment. However it was considered desirable to ask the Department for a 28-day limit because of the wastage taking place. The PSNC has already made such a request.



The £3,000 Bic Razor Novices Hurdle at Kempton Park was won by Lettoch. Mr Fred Bolt, chairman of Biro Bic Ltd, hands over the cheque and a decanter set to Robert Dickinson on behalf of Lettoch's owner Mr J. Laurie. Terry Thorn, Biro Bic sales director, (left) and Don Hartridge, Biro Bic managing director, (right) look on

Rural dispensing — a joint statement

The General Medical Services Committee of the British Medical Association on behalf of the medical profession, and the Pharmaceutical Services Negotiating Committee on behalf of the pharmaceutical profession, wish to announce their support for the draft Regulations which will implement the recommendations of the Clothier Committee.

"We are confident that the new arrangements will form a sound basis for determining the future dispensing service in rural areas; and will be in the best interest of patients. It is hoped the Regulations will be implemented with the minimum of delay."

□ C&D reported last week that the recently approved regulations were expected to be presented to the Minister for Health last week (p208). This has now happened.

Pharmacy numbers

The number of pharmacies on the Register dropped by eight in January to 10,828. This is in keeping with the trend of the last two years where there has been a fall in the number of premises for the first two months of the year.

In England 20 shops opened up and 30 closed (three opened and three closed in London). In Scotland three premises joined and three left the Register, while in Wales five joined and three left.

Herbal tea recall

The Department of Health and Social Security has issued a warning about the type of herbal tea made from comfrey leaves. One batch of comfrey leaves supplied by Cotswold Health Products is known to have been contaminated by belladonna (deadly nightshade). The tea concerned is imported, distributed and sold by Cotswold Health Products and bears the company name on the pack.

PSGB asks DHSS for 28 day script limit

The Pharmaceutical Society is to write to the Department of Health and the General Medical Services Committee asking that amounts prescribed on form FP10 should be limited to a maximum of 28 days' treatment.

It was reported to this month's

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Concern over proposed barbiturate controls

The Pharmaceutical Society is to write to the Home Office and the Department of Health because of concern over the proposed control of barbiturates under the Misuse of Drugs Act 1971.

In January a consultation letter had been circulated from the Department but the Society was sent a copy only after a telephone call to the Department. The Council's Legislation Committee recommended at this month's meeting that no comment should be made on the document.

But when the matter was considered by the full Council, Professor Smith opposed the recommendation. He said there was a belief that barbiturates should be subject to stricter control, but it looked as though a procedure was being proposed which did not control them at all. It was proposed to make it mandatory for prescriptions to be in the prescriber's handwriting but not to say anything about record keeping or storage.

Another aspect of concern related to compounds which could not be excluded from the Regulations were they not specifically mentioned. Phenobarbitone was mentioned, and was excluded, but two other drugs, thiopentone and methohexitone, widely used in hospitals, were not, and he would be concerned if they were included as Controlled Drugs.

Mr Applebe said that the matter had been dealt with following a consultation letter received in 1979. He understood that while it was easy to identify barbiturates analytically, to separate them out was difficult and costly. This had led to the change in the proposals to include all barbiturates. It was agreed that the attention of the Home Office be drawn to the anomaly with regard to the two drugs mentioned.

Peer review in hospitals

The Council accepted a report recommending the introduction of peer review by pharmacists in the managed service.

The report had been drawn up by the Society's managed service working party and recommended that the Council should promote the introduction of peer review by pharmacists in the managed service, and that as a first step should ask the Hospital Pharmacists Group committee to arrange a meeting in late Spring to discuss the working party's proposals.

Dr Knowles, chairman of the working party, said that the work had arisen from

a recommendation of the report of the Royal Commission on the NHS that peer reviews of standards of care and treatment should be set up. The implication was that if the professional bodies did not set their own houses in order then other people would do it for them.

Mr Knowles said that the working party had made three further suggestions: that the introduction of peer review should be monitored again in five years' time; that Council should consider applying the concepts of self assessment within community pharmacy; and the possibility of introducing peer review sessions into the preregistration period.

Dr D.H. Maddock, referring to the second suggestion, wondered whether the "three wise men" procedure might be encouraged at branch level. In medical practice, if a practitioner were not performing up to standard, then the "three wise men" who were his peers attempted to persuade him to mend his ways.

Council agreed to the working party's recommendation that the introduction of peer review in the managed service should be promoted. Members agreed to refer the second suggestion to the community pharmacy subcommittee and the third to the Education Committee.

Statement on imports

The Council approved a statement regarding the legal and ethical position on importation of medicinal products. Mr G.E. Appelbe said that parallel imports had deliberately not been mentioned, since it was felt necessary to have a general statement. The statement draws pharmacists' attention to the fact that, subject to any exemption conferred by or under the Medicines Act 1968, no person may import any medicinal product except in accordance with a product licence and no person who has imported a medicinal product may, in the course of his business, sell or supply that product except in accordance with a product licence.

"An exemption is made under the Medicines (Exemption from Licences) (Importation) Order 1978. The restrictions set out above do not apply to anything done by any person which relates to any medicinal product for human use that is specially imported (a) for sale or supply by a person lawfully conducting a retail pharmacy business solely for sale or supply from a registered

pharmacy to a particular person in accordance with a prescription given by a doctor or a dentist or (b) for stock for sale or supply under (a) and: (i) a person who imports the medicinal product notifies the licensing authority within 21 days of the first occasion on which each particular description of the product is received; (ii) the licensing authority has not directed on grounds of safety that the exemption shall not apply; (iii) no advertisement or representation is issued or made; (iv) written records of the importation and sale and supply are kept; (v) the stock is stored so as to minimise risk of contamination or deterioration." Other exemptions apply where the sale or supply is to a doctor or by a hospital or wholesale dealer.

"It is the pharmacist's responsibility to satisfy himself as to the safety and quality of the product either by direct means or by checking that the relevant testing has been carried out by a responsible company or organisation," Council says. Some imported products, even if they bear the same or similar name to those licensed for use in the UK, may not be of the same formulation.

☐ The Society is to seek an amendment to Medicines Act Regulations to regularise the current arrangement for the dispensing of calendar packs.

☐ Council has resolved to maintain the Society's traditional opposition to all prescription charges.

☐ The Society has decided not to seek to suppress newspaper publicity for burglaries of pharmacy premises.

☐ The Society is to make a further approach to the Department of Health in an attempt to resolve the controversy over bulk prescribing.

☐ The Society is to reconvene its working party on community pharmacy. The working party will re-examine the report it made to the Council, and submit proposals for establishing a pilot project in a closed community areas to investigate the value of maintaining patient medication records on a computer system. The Hospital pharmacists working party on computers is on the point of reporting.

☐ The Society has received a reply to its letter seeking regulations on good dispensing practice under section 66 of the Medicines Act 1968. Lord Trefgarne, Parliamentary Under-secretary, Department of Health, replied that he was asking his officials to re-examine the subject.

☐ The Society is to seek discussions with the Institute for the Study of Drug Dependence on the training of pharmacists for dealing with problems of drug abuse and its prevention. The decision arose from consideration of the recent report of the Advisory Council on the Misuse of Drugs.




mentadent

 clinically tested toothpaste
helps you to protect your gums and teeth.

BIGGEST BRANDS ✓ **BIGGEST SALES** ✓ **BIGGEST PROFITS** ✓

First again!

RS IN THIS WILL



Mentadent P, the newest toothpaste development since fluoride now introduces the newest toothpaste dispenser since tubes: the pump!

With one simple, easy push on the unique Mentadent P pump, consumers can protect their gums as well as their teeth with the perfect amount of toothpaste for really effective brushing.

In addition, the strong pack design has an outstanding appearance on the shelf.

And Mentadent P is backed by an enormous £3.5m advertising campaign including a special "Pump" TV commercial, which means the squeeze is over in more ways than one!

Make sure you stock this exciting new toothpaste that's a jump ahead in protection and will be pumping you ahead in profits!

FROM THE BIGGEST NAME IN TOILETRIES. **ELIDA GIBBS** ✓

ARE YOU PREPARED FOR ALL THIS ACTIV-ITY?



If not, perhaps you'd better save an Activ-Roll for yourself. Activ-Roll is the new glucose tablet with just what you and your customers need.

Activ-Roll enters this expanding market with an r.r.p. of just 26½p and comes in three fruity flavours (blackcurrant, orange & lemon and tropical).

Your customers will go for the price. You'll keep on going for the margins.

TV and Radio – an ACTIV role.

One thing we're not short of is energy. Activ-Roll will be the first glucose tablet to be advertised on TV and radio. As from February, we're putting it on Capital Radio with plans for more radio and TV throughout the year.

Just contact us at Multi Brokers Ltd for the times when your area is TV- and radio-ACTIV.

Now ACTIV-ate yourself!

Activ-Roll comes in packs of 24 rolls. Contact your wholesaler and make sure you get a stylish counter merchandiser by placing a minimum order of 6 packs. Make sure you display it where your customers will see it.

Prepare yourself. It's going to be an ACTIV year!



ACTIV-ROLL PUTS ENERGY IN YOUR SALES.

Multi Brokers Ltd., South Woden, Manor Road, Goring, Nr Reading, Berkshire RG8 9EB. Tel: (0491) 873957.

UCCA accept 750 in 1982

Over 2,500 students applied for places at University schools of pharmacy last year through UCCA, but less than 750 were accepted, according to figures released this week.

According to the twentieth report from the University Central Council on Admissions 690 home and 54 overseas students were admitted to university schools of pharmacy in October 1982. Of these 275 were men and 469 women. This compares with an intake of 781 in 1981. Pharmacy was the preferred subject of study for 2543 students, 299 of them from abroad.

UCCA statistics do not take account of admissions to polytechnics and the University of Aberdeen.

NPA starter kit for SSP

From April 6 employers will be responsible for paying and reclaiming statutory sick pay (*C&D*, December 18/25, 1982, p1096). The National Pharmaceutical Association is arranging a series of meetings (see Coming Events) and producing written information for members to ensure that all will understand the new legislation.

The NPA SSP record system, embodied in the starter kit, will be available shortly; an order form is being mailed with the February *Supplement*. Each kit, sufficient for five employees, will include all the necessary forms, and a specimen completed SSP record sheet and self-certification form will be included. The NPA says there may be delay in completing orders as the Department of Health has printed insufficient quantities of the required forms. The price of the kit to members will be £3 (+ £0.45 VAT).

Good finishers

Two "consistently good finishers," Belmont Photo Works Ltd, Belfast, and Grunwick Processing Laboratories Ltd, Borehamwood (Darkroom Service), have won the Kodak gold award for quality for August to November 1982.

Grunwick won the Kodak award for quality for 1981 and, Kodak say, maintained their high standards throughout 1982.

The silver awards for quality for November and December have been won by Colourcare Photo Service, Chester; Forest Photographic Ltd, London; and Munns Brothers Ltd, Birmingham.

C&D's recent coverage of the Euromonitor Household Cleaning Report (January 1/8 p30) incorrectly valued the 1981 air freshener market at £80m. This should have read £30m.

TOPICAL REFLECTIONS

By Xrayser

Toothpaste

I am told (and I listen with tears in my eyes), that the poor manufacturers of toothpastes make no money from it because of the fierce and unreal price competition. I have had a representative tell me he didn't know how the companies could do it! What with cutting the price to half the "proper" retail, and giving us chemists (and drug stores, and grocers, and wholesalers) 15 to the dozen, "... so as to remain competitive." I remarked that I had a rough idea as to how it was done, and proceeded to do my best to part him from a bit more stock than initially offered because "I didn't see how I could remain in business unless I could make better than 25 per cent ... on return."

Not long ago it was Elida Gibbs, launching their new Mentadent as an up-market Gibbs Dentifrice in paste form which would not be so deep-cut as the others, to leave a better profit all round. Interesting remark, I thought, full of implications. But never mind that. Now we have Colgate, the biggest brand of all, about to bring out a new variant, blue minty gel. I have not the slightest doubt that with a £12m publicity push behind it they will achieve all they desire, so long as it tastes nice for the kiddy-winks. A sort of health-giving confectionery. Nothing wrong with that either.

But it was the final paragraph of the manufacturer's launch statement in last week's *Counterpoints* which grabbed me. I don't know if you saw it or not? Recently there was a television commercial of a nice ingratiating man in a white coat, in a shop, talking about "zero fillings." There was no doubt at all, such a gentleman, could only have been a chemist ... But no, we were appalled to see, written underneath. ... it was the friendly, knowledgeable *grocer!*

Colgates' product manager, Mr Fernando Guerra (And I wouldn't argue with him!) tells us he understands any unease felt by pharmacists, but it wasn't his fault. The Independent Television Contractors' Association insisted he be depicted as a grocer, because their regulations state that pharmacists cannot appear to be endorsing any brand, but ... wait for it ... the grocer should not really be wearing a white coat. Delicious!

I saw the advertisement, and admit I was giggled. After giving it some thought I realised why. It is we who have been setting out the role of the competent advisor on health care in the market place as peculiarly ours. It is surprising how strongly one can resent the appropriation of that role by someone else, even in the fictional fantasy of a television ad. The

odd thing is that had they not identified the man, I believe we could have been almost as upset by the implication that we pharmacists were recommending a product we knew nothing about? I reckon they should stick to advertisements showing big mouthfuls of shining white "gnashers," and testimonials like, "Since using your toothpaste I have used no uvver." Bound to bring a big response. For further advice, please contact *C&D*, when my terms of consultancy will gladly be given.

Tight!

I've always been considered mean, tight, miserable and grasping (see above) but never more so than when I have to refuse to swap the script calling for standard weight thigh length stockings for a pair of those nice support tights. You can explain till the cows come home but it doesn't do much to satisfy that instinctive female yearning for something to enhance her beautiful body (eg Not make it look as if it *had* to be propped up in ghastly surgical apparatus). In the extreme case of varicose collapse there is no real battle, though the look in the eye of a customer when I unwrap a pair of support stockings says a lot.

In the same way that our authorities are having to re-assess the criteria for judging the effectiveness of generics when compared to original brands, it must surely be time to take a hard look at the products now available. These do the job as well as the standard "approved" ranges, but with infinitely more grace, and virtually the same price. Tights are popular because they stay up without all the hassle of suspenders and ancient apparatus. It does not follow that the upper part of the garment *has* to constrict circulation, the material need not be the same in the legs as around the body. Some of the maternity tights have adjustable gussets already. Why is it we are so slow to adopt genuinely improved products into the NHS list of approved items?

Jolley good!

My compliments to Mr Jolley, my favourite "mulish" and "rugged" individualist whose letter I hope you all enjoyed last week. He is, of course right ... and wrong, but I shall leave you to sort out what you think of our respective positions.

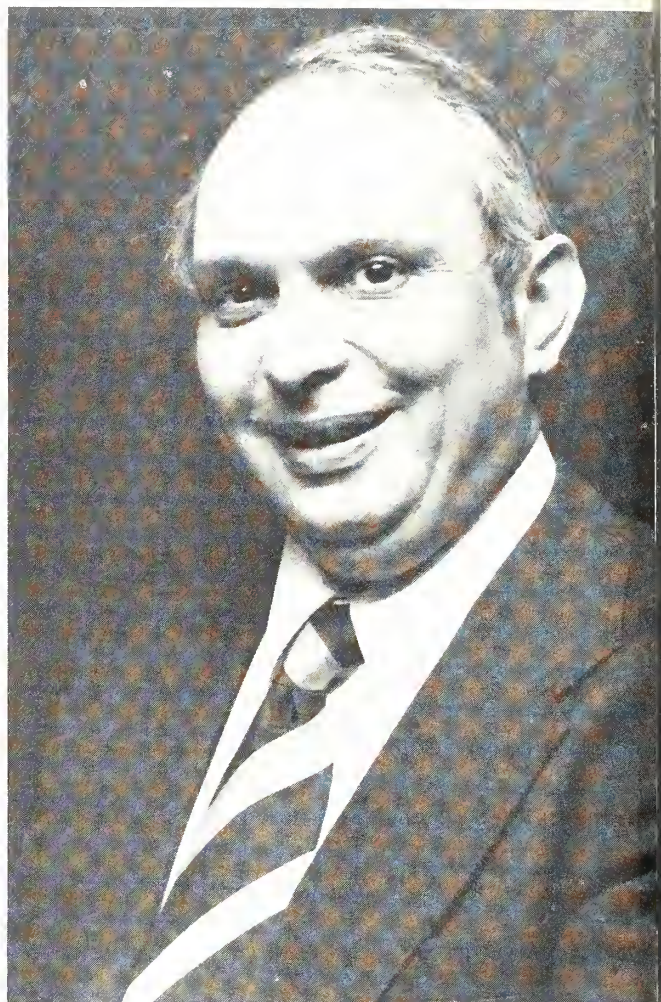
Two consistently good finishers walk off with the Kodak Gold Award for Quality for the period August to November, 1982.

They are Belmont Photo Works Limited, Belfast, and Grunwick Processing Laboratories Limited, Borehamwood (Darkroom Service).

Brian Bell, Managing Director of Belmont, informed Kodak that his company has added £100 to the prize money of £100 and will divide the amount among the employees.

However, the employees voted to donate the whole sum to the "Children in Need" Fund.

Belmont has been offering a photo-processing service for over 50 years. The company started with two people developing and printing films at the back of a chemist shop.



George Ward, Managing Director, Grunwick Processing Laboratories Limited, Borehamwood (Darkroom Service).

It's a photof

Today the company uses highly sophisticated equipment, including Kodak's 'Technet' Center which gives computer access to technical advice direct from the Kodak headquarters in the USA. They have also invested in equipment to process the new 'Kodacolor' HR Disc Film. In the Spring, Belmont will be moving to larger premises in the Hyde Park Industrial Estate in Mallusk.

Another Grunwick Success.

Grunwick, of course, won the Kodak Award for Quality for 1981,

and continued through 1982 with consistently high standards.

George Ward, Managing Director, again gives all the credit to his Quality Control staff.

The company recently moved into extensive new premises in Borehamwood, where the latest photofinishing equipment has been installed, "the most modern in Europe," says George Ward.

Silver Awards for Quality.

November and December, 1982
Colourcare Photo Service, Chest



Brian Bell, Managing Director,
Belmont Photo Works Limited, Belfast.

in the last Table of Merit of the 1982 Award for Quality scheme. Photo-finishers who have achieved the Kodak Point Standard are listed in the Table which is published monthly. The standard is judged by a combination of results from the Kodak Monitoring Service and blind survey prints.

Belmont Photo Works Limited,
Belfast.

Colourcare Photo Service, Chester.

Colourcare Photo Service, Downton.

Forest Photographic Limited,
London.

Foto Inn Limited, London.

B. Alan Freegard Limited, Poole.

Munns Brothers Limited,
Birmingham.

The Kodak Award for Quality.
The competition is open to all

ish for gold.

Forest Photographic Limited,
London.

Munns Brothers Limited,
Birmingham.

The Silver Award is presented to
photofinishers achieving The
Kodak Point Standard for two
consecutive months.

Table of Merit, December.
Belmont continues its consistent
up, joining six other photofinishers

independent photofinishers who
use KODAK 'Ektacolor' Paper and
formulated chemicals. Kodak and
its subsidiary companies are
excluded. All photofinishers who
regularly and continuously return
full sets of quality monitoring strips
to the Kodak Monitoring Service are
automatically included in the
scheme, which has been running
since April 1982.

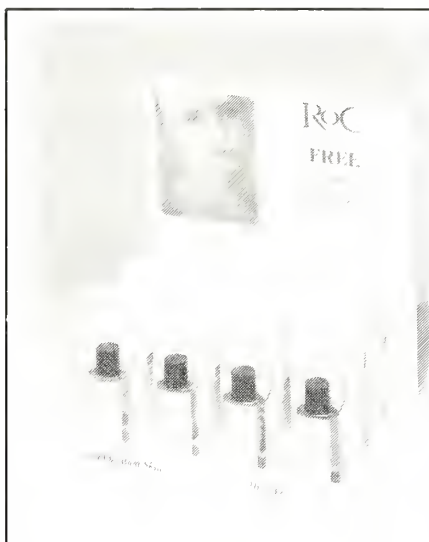
Smile. It's on 'Kodak' paper.



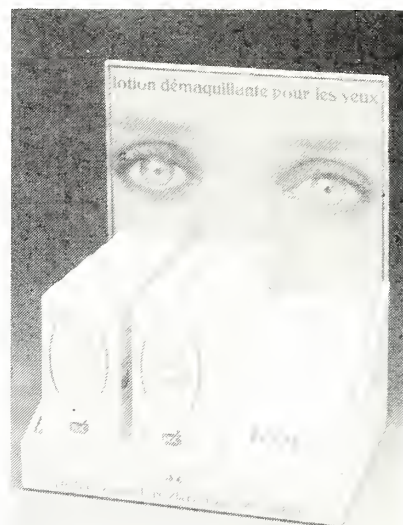
Kodak is a registered trademark of Eastman Kodak Company.

Vichy stick to combat wetness

Vichy are introducing an anti-perspirant stick which, unlike a spray, has a soft compressed powder formulation so there is no wetness or irritation upon application. There is no problem with stickiness as with roll-ons. The active ingredient in the stick is a complex of aluminium salt which, say Vichy, prevents excessive perspiration and lasts throughout the day. The company recommends that when odour alone is the problem the deodorant should be used and when the problem is wetness, the new anti-perspirant. The anti-perspirant stick (£1.95) is alcohol free and will be available from April. *Vichy (UK) Ltd, Ashville Trading Estate, 15 Nuffield Way, Abingdon, Oxon OX14 1TJ.*



Roc have new POS material for 1983. A promotion to attract new users of Roc tonics consists of a counter merchandiser containing six combination and six dry skin cleansers with free 60ml tonics. A counter merchandiser for Roc eye make-up remover lotion has a new showcard and contains ten units. A showcard is available also for the Roc range of suntan and sunblock products. Roc Laboratories UK Ltd, Avis Way, Newhaven, Sussex BN9 0JX



Chemist lucky draw launched by Numark

To support the special promotion terms on Aspro Clear, Rennie, Feminax and Kwells, Numark in conjunction with Nicholas are offering 400 Moulinex air purifiers worth over £5,000 as prizes in a chemist lucky draw.

Numark offers in-store from March 14-26 include Pennywise, Silvikrin shampoo, Macleans toothpaste, Curity Snugglers, Supersoft hairspray, Soft & Gentle, Tender Touch cleansing wool, Dr White's, Panty Pads, Silkience conditioner, Johnson's baby shampoo, lotion and powder, Cow & Gate baby meals (Stage 1 and 2) and yoghurts.

Intermediate lines include Hermesetas, Silvikrin shaders and toners, Atrix cream and lotion, Pin-up full head and end curl, Camay, Carefree panty shields, Dextrosol, baby Ribena, Milton 2 steralising fluid and Nusoft stretch suits.

Aspro Clear, Rennie, Feminax, Phensic, Setlers, All Fresh baby wipes, Woodward's gripe water, Bonjela, Angiers junior aspirin, Savlon antiseptic cream, Hedex and Hedex Seltzer are included in the optional extras category.

Advertising will appear in the *Sun*, *Daily Mail*, *Daily Express*, *Sunday Post*, *Women's Own* and on Ulster television. Window bills promoting "Gifts for Mothers Day" will be available as will be the usual shelf stickers. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

Supersoap now kinder to the skin

Silvikrin Supersoap has been reformulated to be kinder to the skin and new coloured bottles are available with toning labels in blue, green and brown. To encourage trial, half a million packs will carry a money-back guarantee on a cap sticker and one million 120ml trial size bottles (£0.25) are available in packs of two dozen. For wholesalers there is an introductory offer of a composite pack of the three variants offering 14 x 250ml units for the price of 12. *Beecham Proprietaries-Toiletries, Beecham House, Great West Road, Brentford, Middlesex.*

Bienfait du matin in three tints

Bienfait du matin has been modified and is now available in two versions, naturel and tinted in three transparent shades — cannelle for pale skins, doré for slightly tanned skins and bronze for tanned skins. It can be worn alone or as a base for foundation and powder. Filters are also included to protect the skin from UVA and UVB rays and the cream comes in two types for dry/sensitive and normal/oily skins (50ml tube, £6.45).

For Spring Lancôme are introducing les tendres transparents in two harmonies — les pastels and les contrastes. Les pastels, they say, reflects "fairy tale

dresses and picnics on the lawn" while Les contrastes reflects "the confidence and elegance of man-tailoring in crisp lines, printed silk and suede." *Parim Ltd, 14 Grosvenor Street, London W1X 0AQ.*

Puritabs support

Kirby-Warrick are to support Puritabs with over £100,000 in a one week Press and television campaign running this week. There will be a ten-second commercial on Granada, Central, Thames, Westward and Harlech and the product will also be advertised in the *Daily Mirror*, *Express*, *Mail* and *Telegraph*. *Kirby-Warrick OTC Division Ltd, Mildenhall, Suffolk.*

Atrix leaflets

Smith and Nephew consumer products are about to launch a money-off leaflet drop for Atrix skin conditioning lotion. Over a three week period 8 million homes in the UK and ¼m in Northern Ireland will receive the leaflet. The offer closes May 31. *Smith & Nephew Ltd, Consumer Products, PO Box 81, Hessle Road, Hull HV3 2BW.*

Sprays for feet

Newtons are adding a dry foot aerosol spray and a cool foot aerosol spray (both 115g, £0.95) to their range of products. *Newtons Laboratories, PO Box 789, 111 Wandsworth High Street, London SW18.*

Get on the up and up with Tubigrip.

Things are really looking up!
Because now Tubigrip – for
years Britain's foremost support
bandage – goes retail.

Over the counter at chemists
everywhere.

It's supported by one of the
bounciest launches you've seen in
years.

With every aspect of the campaign calculated to put
Tubigrip uppermost in the consumer's mind.

There's a smart new retail pack, an eye-
catching new dispenser and full supporting
point-of-sale material.

Powerful advertising in the national press.

PLUS a memorable live action TV
campaign.* (Look out for the Tubigrip trampo-
linist and join him on the up and up.)

The new 1m and 1/2m packs are available now.
So stock up – and join us on the up and up.

*initially in the Granada region (equivalent to £600,000 nationally)



Seton®

THE 'TUBIGRIP' PEOPLE

Seton Products Limited, Tubiton House,
Oldham OL1 3HS. Tel: 061-652 2222 Telex: 669956

Cash prizes in Unichem bonanza

Unichem will be giving £70,000 worth of cash prizes to members this year in a new monthly "Top Ten Bonanza." Starting in March, there will be a top prize of £1,000 each month, two £500 runners-up prizes and ten consolation prizes of £100 each. At the end of the year, there will be a grand draw with a top prize of £10,000, two £5,000 second prizes, ten £1,000 third prizes and 100 consolation prizes of £100 each.

The bonanza takes the form of a monthly draw using 10 different promotional lines and involving 20 leading manufacturers. Members will receive a simple anagram, which, if completed correctly, will qualify them for entry into the draw. Every £10 worth of purchases of the special promotional lines will result in one draw "ticket."

All correct monthly draw entries which members accumulate from March until the end of the year, will automatically be put forward for the £40,000 draw.

A further 10 per cent of the value of all prizes, except consolation, will be added for the assistants in the winning pharmacy.

"We have spent considerable time planning a draw scheme which we are sure will be more attractive to members than the smaller promotions we have been organising," says Bill Hart, Unichem's assistant marketing director. *Unichem Ltd, Crown House, Morden, Surrey.*

New company launches 'comprehensive' range

A new company has been established to market a range of health care products. Health Factor Ltd were started late last year and have a comprehensive range of 33 products available with retail prices ranging from £0.98 to £3.25. Briefly, the range includes eight vitamins, seven minerals, three types of ginseng, six tonics, three herbal teas and six special formula nutrients. These latter products — fortiwinx, hairkare, vitrafem, fortyplan 20, relaxon and gestite — are the company's own formulations. Retailer discounts stand at 35 per cent.

Advertising will appear in the April editions of *Healthy Living* and *Here's Health*. Display stands are currently being developed but shelf talkers are available. The company reports that they have had very good trade reaction to the range. *The Health Factor Ltd, Gihnornton Road, Lutterworth, Leicestershire LE17 4DU.*



A compact four-prong display unit, ideal for displaying Swivel and Handy disposable razors and Double Edge refill blades, has been introduced by Wilkinson Sword, Langley Hall, Station Road, Langley, Slough

Potter's colours by Max Factor

Kindling the face with sheer sophistication is the Max Factor description for the Geminesse Spring colour collection.

Inspired by the potters craft, they continue, fired ceramics (a red-pink colour scheme) includes tender hyacinth, tamarind and surreal blue in an enriched eyeshadow trio palette (£8.50) with ceramic coral enriched cream lip and nail colour (£5). In the gilded frescos collection (brown-pink scheme) reflective green moonbeige and misty meadow are included in the eyeshadow trio and there is a matching fresco rose lip and nail colour.

Finally in the fired mosaics collection (blue-pink) the eye shadow trio contains chimera, polished silver and electric blue. Mosaic pink is the lip and nail colour. *Geminesse, 75 Davies Street, London W1Y 1FA.*

£¼m support for Murine

Murine eye drops are to be supported by a £¼m spend throughout 1983. As an extension of the London campaign, Murine will be advertised nationally in the women's Press and in selected radio areas. Consumer promotions are also planned. *Abbot Laboratories Ltd, Queenborough, Kent.*

Carnation launch yogurt Slender

Yogurt-enriched strawberry flavour and yogurt-enriched lemon flavour have been added to the Slender meal replacement range. Prices are the same as the other meal replacement flavours. *Carnation Foods Co Ltd, Danesfield House, Medmenham, Marlow, Bucks SL7 2ES.*

On-pack coupons for Andrex

Bowater-Scott are launching an on-pack promotion for Andrex comprising a 5p off next purchase coupon on Andrex two-roll packs and a 10p off coupon on four-roll packs. The promotion will be supported by a £1¼ million television and press advertising campaign. *Bowater-Scott Corporation, Bowater-Scott House, East Grinstead, West Sussex.*

Cacharel gift

Cacharel will be offering a cotton handkerchief in a gift envelope with every purchase from the Anais Anais eau de toilette and parfum collection throughout February and March while stocks last. *Golden Ltd, 30 Kensington Church Street, London W8*

Freshmates join Terry Mates

Freshmates are a new pack of baby wipes (70 sheets, £1.40). Packaging has been designed to complement Terry Mates one way nappy liners and distribution is through national and independent chemists. *Freshtex, Henrietta House, Henrietta Place, London W1A.*

Contears drops for lens users

Allergan are introducing Contears, a new eye drop for contact lens wearers. Suitable for all lenses. Allergan say it resists washout and spreads easily; for hydrophobic surfaces it helps remove foreign bodies and soothes irritation caused by prolonged lens wear, dust and wind.

Contears can be applied with the lenses in place and the 10ml bottle contains enough for a 30 day supply (£2.36). *Allergan Ltd, Turnpike Road, Cressex Industrial Estate, High Wycombe, Bucks HP12 3NR.*

We're making a bigger splash than ever



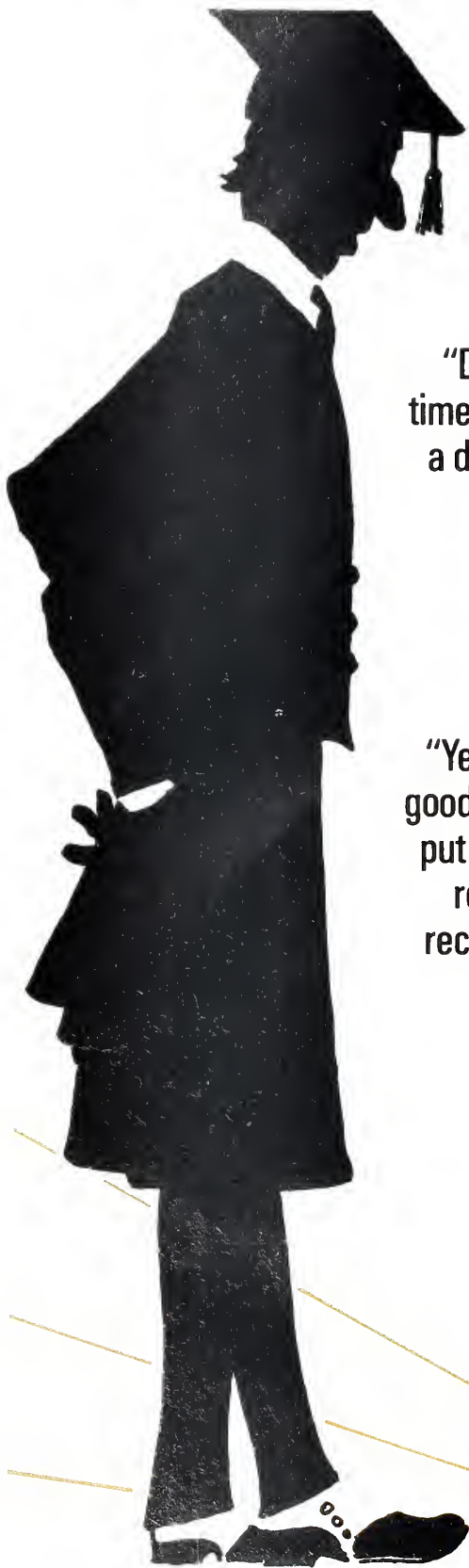
This year, Hermesetas will cause a real stir because we're advertising the whole year round.

- * A National TV Campaign for the best selling Hermesetas 1200 Table Top Dispenser and the new 300 Pocket Dispenser.
- * Seasonal 'Recipe Kitchen' advertisements for Hermesetas Sprinkle Sweet and Liquid.
- * Heavyweight campaign in the women's press promoting the whole Hermesetas range.
- * For the fourth year running we're sponsoring the Nationally Televised Hermesetas Trampoline World Cup.
- * Sustained year round P.R. activity supporting the Hermesetas range.
- * After the success of last year's consumer competition we're running another one this Autumn.

So stock up now with the complete Hermesetas range, and watch what happens to your sales

Hermesetas





"Do you remember the time that Brownes went through a difficult patch?"

"You mean when he was a bit suspect and slightly abused?"

"Yes but thank goodness Brownes was soon put right, became very respectable, and now gets recommendation after recommendation".



Because of its successful reformulation Collis Brownes is the safe effective remedy for diarrhoea and tummy bugs — which you can recommend wholeheartedly.



AND IT CARRIES THE FULL INTERNATIONAL LABORATORIES GUARANTEE

Duracell analyse battery market

Duracell have completed an analysis of the £175m UK dry battery market with the aim of making retailers more aware of the opportunities available to them. Six battery sizes are said to account for 91 per cent of general purpose sales with the AA accounting for over one third of the market, the fastest growing type, together with the 'C' size.

Independent chemists are said to have 6 per cent by value of the market while Boots sales comprise part of the 28 per cent variety store section, grocers 22 per cent and photographic stores 1 per cent. Of alkaline battery sales chemists take 7 per cent, variety stores 40 per cent, grocers 12 per cent and photographic stores 4 per cent. Chemist, grocers and variety stores have been increasing their shares overall at the expense of the radio / electrical, hardware and "other outlets while CTN is static at around 13 per cent.

Two linear feet of standard shelving has a potential profit yield in one year, if stocked with dry batteries of £2,000 — baked beans £167, razor blades £1,000 and shampoos £1,091 the study says.

The battery market has been a low interest, low awareness area for the multiple retail trade. However, during the last four years, there has been a transformation which has influenced traditional purchasing patterns. The market has become high profile and very highly competitive with the major manufacturers strongly branding and heavily promoting their products.

The study makes a number of general recommendations particularly related to instore merchandising designed to maximise profit potential. *The Battery Market Study, Duracell UK, Gatwick Road, Crawley, West Sussex.*

Trio of promotions by Reckitt

Three promotions have been launched on Reckitt toiletries. A free bath sponge is available with every pack of All Over Softly in a promotion designed for the Mothers Day and Easter gift market and to encourage further trial, Nulon handcream packs will carry a collarette offering a 100ml tube of All Over Softly, in return for two proofs of purchase. In the Supersoft range, shampoos and conditioners will carry an extra 25 per cent contents, and hairsprays an extra 20 per cent. *Reckitt Toiletries, Reckitt House, Stoneferry Road, Hull.*

Chemist & Druggist 12 February 1983



Mr Ranjit Guraewal, MPS, of Rotherham Road, Coventry receiving a cheque for £100 from Mr Ken Downie, marketing assistant of Napp Laboratories. Mr Guraewal was winner of the Napp insecticide competition

Philips reduce shaver prices

Philips Small Appliances have reduced the prices for their battery shavers and introduced a new Philishave compact travel pack (HP 1213T) in a blister pack. The HP 1213T will retail for £11.50, the Philishave battery de luxe (HP 1207) for £13.50 and the Philishave battery compact (HP 1213) for £9.95. One in five shavers purchased are battery shavers, say Philips. *Philips Small Appliances, Drury Lane, Hastings, Sussex TN34 1XN.*

Insette goes retail

A foam setting conditioner, previously only available in hairdressing salons is now going into retail outlets. Insette foam set and conditioner (£1.95) is to be launched initially in the Granada region with support on television and radio.

The product will be rolled-out nationally at the end of February, supported by a campaign in the national and women's Press, including a five page article in *Hair* magazine. There will be regional television advertising later in the year. *Pharmagen Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

Match the lovers to go to Rio

A ten day, all expenses paid trip for two to either the Rio Carnival or the Egyptian Pyramids is the prize in a consumer competition running on Durex Fiesta and Excita. Consumers have to match six pairs of famous lovers, complete a tiebreaker and include a pack front from either brand with each entry. In-store display stands holding the entry forms are now available from the LRC salesforce. *LRC Products Ltd, Chingford, London.*

Free re-print

For every three re-prints ordered up to March 31 from Colourcare, customers are entitled to one free re-print. The prints can be either from one negative, or a selection of negatives, and the offer also applies to both slides and prints. Posters and POS material are available to support the promotion. *UPL Ltd, Long Close, Downton, Salisbury, Wilts.*

ABC wallchart

Robinson's baby food 1 packs are to shortly carry an on-pack offer of a free Robinson's ABC wallchart. The chart (25in x 16½in), in full colour and featuring the graphics from the Robinson's packs, is available in return for 10 Robinson's pack tops and a self addressed envelope. The offer closes February 29. *Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS.*

Anadin campaign

Starting February 14, Anadin is being supported by a £1m television advertising campaign running over five weeks. *International Chemical Co Ltd, Chenies Street, London WC1E 7ET.*

ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television		

Algipan:	So
All Clear shampoo:	All areas
Anadin:	All areas
Biactol:	All except B,U
Bic razors:	Ln,M,Lc,Y,NE
Cidal soap:	Bt (all areas)
Clearasil cleansing lotion and deep cleansing milk:	All except G,B,We
Cyclax mositura:	All areas
Delrosa health drink:	All except U,CI,E
Farley's rusks:	Ln,M,Lc,Y,Sc,NE
Harmony hairspray:	All areas
Hedex:	All except U & E
Metamucil:	M,Y,NE
Oil of Ulay:	Ln,M,Lc,So
Oral B:	Ln,M
Paddi Cosifits:	All areas
Sanatogen multivitamins:	All areas
Simple skin care range:	Ln,M (inc Bt)
Sunsilk shampoo:	All areas
Thick Parazone:	All areas
Vichy Les Matinales:	Bt (all areas)

PRESCRIPTION SPECIALITIES

Meptid injection

Manufacturer Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks

Description 1ml ampoules filled with a clear solution containing meptazinol hydrochloride equivalent to 100mg of meptazinol base

Indications Treatment of moderate to severe pain, including post-operative and obstetric pain

Dosage Intramuscular: 75-100mg, may be repeated 2-4 hourly as required. For obstetric pain dose should approximate 2mg/kg body weight. Intravenous: 50-100mg by slow IV injection. May be repeated 2-4 hourly. Has not been evaluated for use in children

Contraindications, warnings Use with caution in patients with renal or hepatic insufficiency. Safety for use in myocardial infarction has not been established. No serious adverse reactions have been reported

Packs Cartons of 10 ampoules (£7.88 trade)

Supply restrictions Prescription only
Issued February 1983

De-Nolab

Manufacturer Brocades (GB) Ltd, Brocades House, Pyrford Road, West Byfleet, Weybridge, Surrey KT14 6RA

Description Flat round pink tablets containing 120mg tri-potassium di-citrate bismuthate

Indications Ulcer healing agent for gastric and duodenal ulcers

Dosage One tablet four times a day on an empty stomach, half an hour before meals. Treatment should be continued for 28 days. Tablets should be crushed and

swallowed with water. Maintenance therapy is not indicated

Contraindications, warnings Should not be given to patients with renal disorders. May inhibit the efficacy of oral tetracyclines. Blackening of the stool usually occurs. Darkening of the tongue, nausea and vomiting have been reported

Packs Foil treatment packs of 112 tablets (£14.67 trade)

Supply restrictions Pharmacy only
Issued February 1983

Hypotears

Manufacturer Cooper Vision Ltd, 21 The Avenue, Southampton SO9 1WP

Description Clear, colourless sterile hypotonic solution containing polyethylene glycol 8000 2 per cent, polyvinyl alcohol 1 per cent, preservatives benzalkonium chloride and disodium edetate

Indications Relief of symptoms associated with eye irritation due to dry eyes

Administration Instill one or two drops every three to four hours

Contraindications, warnings Hypersensitivity. Should not be used by patients wearing hydrophilic (soft) contact lenses. Discard one month after opening

Packs 10ml in a plastic dropper bottle (rsp £2.99)

Supply restrictions Pharmacy only
Issued February 1983

Duromorph change

Applied Biology Ltd have appointed Macarthy's Laboratories as distributors of their product Duromorph. Supplies may be obtained direct in cases of difficulty from *Macarthy's Laboratories Ltd, Chesham Close, Romford, Essex.*

Prefil 200g

Norgine have introduced a 200g pack of Prefil (Pharmacy only) designed to fulfil over the counter demand, the company says. The new pack (rsp £2.95) is supplied in outers of six, and a number of merchandising items, including a patient information leaflet, have been produced. The existing 500g pack will be replaced with packs in the new livery when current stocks are depleted. *Norgine Ltd, 59 High Holborn, London WC1V 6EB.*

Truefree on FP10

The Advisory Committee on Borderline Substances has added four flours from the Trufree range to the list of borderline substances. They are plain flour no 4, special dietary flour for bread no 1, and special dietary flours nos 4 and 5. *Larkhall Laboratories, 225 Putney Bridge Road, London SW15 2PY.*

Calsynar in fives

Calsynar 1ml single dose ampoules are now available in boxes of five, and this new size will replace both the six and ten ampoule packs. *Armour Pharmaceutical Co Ltd, St Leonards Road, Eastbourne, Sussex BN21 3YG.*

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- * Daily Quantity Printout
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5 lines	£4.95	£5.75	£8.55

Just write (or type) out exactly what you want to appear on your rubber stamp. Count the number of lines, decide the size of stamp and work out the cost from the table above, send us a cheque and leave the rest to us. In 10 days, or less, your ASH rubber stamp and a VAT receipt will arrive. Ink pads £1.25 - please state colour

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MARCH OFFERS IN STORE 14TH - 26TH MARCH

PRODUCT	PACK	CHEMIST BUY. PRICE Excl. VAT	DISCOUNT
SILVIKRIN SHAMPOO Large plus 30% Extra Free.	12	£3.59	43.9%
MACLEANS TOOTHPASTE Large.	36	£8.89	36.8%
CURITY SNUGLERS Toddler 12's.	16	£23.65	15.3%
SUPERSOFT HAIRSPRAY 200ml. plus 20% Extra Free.	12	£5.75	27.0%
SOFT & GENTLE A.P. AEROSOL plus 25% Extra Free.	12	£8.42	20.4%
TENDER TOUCH CLEANSING WOOL Economy Roll.	30	£15.28	24.7%
DR WHITES No. 2 10's	24	£10.22	19.6%
PANTY PADS Super 10's.	24	£8.84	22.8%

Discount represents % off manufacturers' trade price at the time of going to press

PLUS MORE EXTRA VALUE PACKS

SILKIENCE CONDITIONER 100ml. plus 25% Extra Free.	12	£6.14
JOHNSONS BABY SHAMPOO 200ml. for the price of 125ml.	24	£11.29
JOHNSONS BABY LOTION 285ml. for the price of 205ml.	12	£8.89
JOHNSONS BABY POWDER 298g for the price of 227g.	24	£13.72

And **PENNYWISE** 10's.

COW & GATE BABY MEALS Stage 2. 113g.

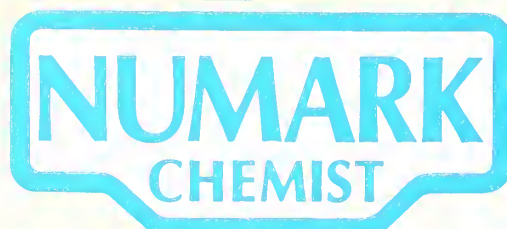
PACK	CHEMIST BUY. PRICE Excl. VAT
12	£6.14
24	£11.29
12	£8.89
24	£13.72
24	£5.64
12	£2.26

FACT Numark O.T.C. buying power is bigger than that of any other U.K. wholesale buying group and consistently produces lower buying prices on top selling brands.

FACT Numark national press advertisements have consistently reached over 10 million housewife readers every month for the last eight years, attracting extra customers into Numark Chemists.

FACT Numark monthly merchandising kits are the most effective in creating extra sales.

To find out more about all the ways in which Numark can help to make your business grow, contact your local Numark wholesaler or Charles Morris-Cox at Numark Central Office, 51 Boreham Road, Warminster, Wiltshire BA12 9JU. Tel: 0985 215555.



A COMPREHENSIVE SERVICE TO THE INDEPENDENT CHEMIST.

HERE'S PROFIT ON A PLATE.



- Super Poli-Grip, the No. 1 cream denture fixative, is back on TV for 5 weeks, from February 21st.
- Sales have risen dramatically since our last TV burst.
- This year there's even more money behind Super Poli-Grip than ever before.
- 18 million people in the UK wear dentures and the demand for fixatives is escalating.
- The profits are gold-plated. Don't miss out. For details of the bonus and special offers, see your Stafford-Miller representative or phone Hatfield 61151. Now.

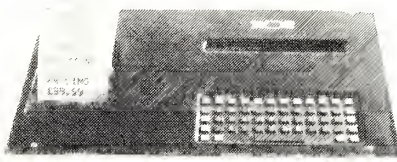


**SUPER POLI-GRIP. FROM STAFFORD-MILLER.
THE LEADING NAME IN DENTURE FIXATIVES.**

Thermal printer for retail bar coding

Norscan are launching a microelectronic thermal label printer to cater for the growing need for product coding in the retail industry.

The self-contained printer ($36.5 \times 31 \times 11.5\text{cm}$) is ideal for short runs and can operate under manual or computer control, say the manufacturers. It incorporates a mechanism designed specifically for printing variable information on tickets and self-adhesive labels. The print layout can include product descriptions, code, dates and prices, in large or small characters, as required. The unit will also print EAN symbols and add-ons as well as other bar code symbols, and is pre-programmable for up to nine different layouts. Tickets and labels are available in a range of shapes and sizes and may be printed to any design.



Operators can enter the number of labels required and variable data on the integral keyboard. Fixed data is held in memory. A sequence of simple prompts appears on the single line display. While printing is in progress the operator can enter up to thirty subsequent sets of data.

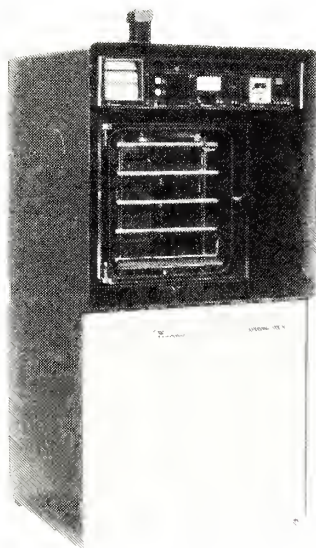
A solid state memory unit for storing frequently used information, such as product codes and descriptions, is scheduled for the first half of 1983. The printer has an RS232 interface and can operate as a terminal printer. It can also be supplied without keyboard and display. *Norscan, Valley Road, Harwich, Essex CO12 4RR.*

Small scale freeze-dryer

A freeze-dryer developed for small-scale production of pharmaceutical and biological products has been introduced by Leybold-Heraeus.

The Lyovac GT4 includes the latest technological developments and complies with Food and Drug Administration regulations and recommendations, says the company. The refrigeration system consists of two units, one for direct-injection cooling of the condenser, the other for cooling the product shelves including heat exchanger, circulation pump and temperature controller with numerical display. The product shelf heaters are interlocked for safety via the vacuum gauge and control unit. Heating is not released before the preselected operating pressure in the drying chamber is attained. Premature heating of the product shelves and thawing of the frozen product are thus prevented.

Included is a six-colour dotted-line



recorder on which all important operating parameters (pressure and temperature) are recorded during the whole cycle of a process. *Leybold-Heraeus Ltd, 16 Endeavour Way, Dunsford Road, London SW19 8UH.*

Light-weight lung protection

Martindale Protection Ltd have introduced a new disposable face-mask to add to their range of disposable respiratory equipment.

The Martindale 999 contains a filter of electrostatically-charged polypropylene sandwiched between outer layers of

polyester fibre. It meets the requirements of BS/6061/2 and has been approved by HSE for use against asbestos — subject to concentrations less than 2 fibres per mm, and providing the asbestos dust does not include ericidolite.

The 999 weighs less than $\frac{3}{4}\text{oz}$, has very low breathing resistance, and fits snugly to provide a secure seal without nose-clips. *Martindale Protection Ltd, Neasden Lane, London NW10 1RN.*

Laboratory warnings on tape

Jencons are offering a range of perforated duo-ply sign labels in sizes of $50 \times 50\text{mm}$ (£6.50 + VAT) and $100 \times 100\text{mm}$ (£10 + VAT), printed in continuous roll form on adhesive-backed vinyl with laminated polypropylene facing. Each mini-sign is



perforated for tear-off from the roll, which is impact adhesive backed and supplied in lengths of 15m, giving approximately 300 signs of the 50mm mini-sign and 150 of the 100mm. There are 17 different labels, all chemical and weather resistant, the company says. *Jencons Scientific Ltd, Cherrycourt Way Industrial Estate, Starbridge Road, Leighton Buzzard, Beds LU7 8UA.*

Bench top Grisona

The Grisona is a bench top filling machine that will handle liquids, creams and ointments. The machine (from around £1,000) can be operated manually, with the alternative of electrical or pneumatic drive and features interchangeable pumps in a range 4-1000ml that remove for cleaning, together with various nozzle types to suit differing products and containers. The optional accessories include heated hoppers in various volumes and a robust agitator unit that can form an integral part of the machine. *TI Rockwell Pneumatic Scale Ltd, Welsh Harp, Edgware Road, London NW2 7AA.*

Mat traps for dirt

Cobonic Ltd have added a reinforced PVC floor tile to their range of PTS clean room flooring. PTS mats trap any dust or dirt touching their surface. The trapped particles cannot be removed in dry condition, but the mats can be cleaned easily with a wet sponge. When dry their adhesion is restored. *Cobonic Ltd, Lantern Yard, Ludlow Road, Guildford, Surrey.*

Contributed by a barrister

Notification of changes in VAT details

If your business is registered for VAT purposes, you have an obligation to notify the Customs and Excise Office dealing with your VAT of certain changes that might take place within your business.

You are obliged to notify the office within twenty one days of any such change. The following are the matters covered:

- ☐ Any change in your **bank account number**
- ☐ A change in the **trade classification** of your business.
- ☐ A change of the **name of the business**, or if you are trading as a partnership, any

changes in the partners involved (ie substitutions, those dropping out, those being added).

- ☐ Any change in the **status of the business** — ie from individual ownership to a limited company
- ☐ A change in the **address of the business** or of any of the partners

Offering other work

With so many firms with falling order books, the laying off of employees seems to be continuing all over the country. With some businesses, however, instead of sacking a particular employee it may be possible to offer him alternative employment. If his contract of employment provides for this possibility all well and good, if the employee refuses, then he has no comeback. But if he is employed on specific duties as stated in his contract of employment, then what?

Technically speaking if the work for which the employee was taken on has ceased or diminished, then there is a redundancy, and a redundancy payment may be due if the employee has worked for two years or more. However, if the employer offers alternative work — and the offer with conditions must be made in writing — and the employee then refuses the new job unreasonably, no redundancy payment need be made.

Reasonable refusal

Whether a refusal is reasonable or unreasonable may eventually have to be settled by an Industrial Tribunal, looking at the facts of each individual case. They will consider whether the refusal was reasonable from the point of view of the employee.

For example, one case involved the manageress of a small tobacco shop which was closing, who was offered a job in another shop some two miles away. Objectively this may have seemed reasonable. However, the employee had an invalid mother and lived only round the corner from the original shop. Because of this, she was able to get home and feed her mother at lunchtime. In the

new shop this would have been impossible. It was held by the tribunal that her refusal to move was reasonable and a redundancy payment was due.

There is, incidentally, a half way house in these circumstances. Both the employer and the employee can agree to a four week trial period. If during that period the employee decides that the work is not for him, he can leave without losing his right to a redundancy payment.

Ending your lease

You may wish to move your business premises, either because you are expanding or, in this age of recession, because you find your premises too large and unsuitable for your present level of business activity.

If your premises are held on a freehold basis, apart from finding a buyer, there is no problem. You can just offer them for sale on the open market. However, if they are held on lease, there may be complications. First, you may wish to assign the lease. This means that if you hold, for example, a 14 year lease on premises which has 11 years to run, then to assign means that you hand over, for a consideration, the whole of the outstanding term to whoever wishes to take over from you.

On the other hand you may wish to sub-let for rent. This can be done in two ways. You can let the premises (for a term of less than 11 years in the example I have given) or you can let part of the premises to somebody.

Whatever you wish to do, however, you may be constrained by the terms of your lease. If there is a clause prohibiting you from assigning or sub-letting, then there is nothing you can do unless your

landlord is willing to waive his rights. You will have to continue paying rent of the premises until the lease runs out — whether you want them or not.

Many leases, however, contain a clause which says that you can assign or sub-let — providing you have the permission of your landlord. If your landlord refuses then the law may step in to help you. Where there is a clause that allows sub-letting or assignment with the permission of the landlord, the law holds that the words “such permission not to be unreasonably withheld” be implied. If permission is refused then you can still go ahead if you think the landlord is acting unreasonably, and your tenants or the people to whom you are assigning are persons of substance. To be on the safe side, you can alternatively go along to a County Court and ask a judge to declare that the landlord is acting unreasonably in withholding permission.

It is worth noting, too, that the landlord cannot normally demand a premium either from you or your assignee or sub-tenant in return for giving his permission.

Changes in redundancy pay

The maximum week's pay used for calculating redundancy entitlement and unfair dismissal awards was increased to £140 on February 1. The previous limit was £135. The maximum compensatory award for unfair dismissal and sex or racial discrimination is increased from £7,000 to £7,500.

HEALTH CENTRE NEWS

■ There is a possibility that a health centre might be included in the proposed **York City Council** area plan for the Clifton Airfield, which incorporates around 1,250 houses — a possible increase of 3,000–3,500 people. If approved, 200 of the houses could be built by March 1984.

■ Tenders will be going out soon for the building of a new health centre at Nursery Park, Ashington, by the **Northumberland Health Authority**.

■ A £361,000 health clinic is to be built for **Yorkshire RHA** at Halton, Leeds. The centre is to include a dental unit with twin surgeries. Work starts in February and the building is due for completion in the Summer 1984.

■ **Yorkshire RHA** is seeking permission to erect a part one and part two storey health centre with a pharmacy, consulting rooms, offices, treatment rooms, laboratory and seminar room at Stone Brig Lane, Rothwell, Leeds.



The biggest
little test market
in the world
said, 'Yes...'



'Yes' to New A Colgate special

Our test market wasn't just any old test market. It was the whole U.S. of A. The success there was scarcely believable.

It converted 10 million little All Americans and their parents to Colgate Gel in just one year.



There were other little hints that we had a winner. The total U.S. toothpaste market grew by 11%. Colgate's share alone increased by 25%. So on we went to prepare for our final, most important market – the U.K.

We conducted the most extensive market research programme ever by a toothpaste manufacturer in the U.K.



'Colgate' and 'Blue minty' – trade marks.

It was even more successful than its U.S. counterpart.

But then our New Blue Minty Gel isn't just any old new toothpaste.

It's a bright blue gel. And it has a cool minty taste the whole family will like – especially the youngsters. But it also has the same proven Advanced Fluoride System as regular Colgate, so it's working just as hard for zero fillings.

All told, we're so confident of New Blue Minty Gel's success here, that we're putting £12 million behind it – that's the biggest budget ever for a new toothpaste.

Where that £12 million goes.

For starters, there's going to be a two million pound blitz of a T.V. launch. Then another four and a half million pounds worth of Colgate T.V. advertising over the following year.

As far as the press is concerned,

Blue minty Gel y loved by kids.

re spending £750,000 on full colour
es in the top women's magazines.

What's more, we're giving free
ples to over ten million households
particular emphasis on those with
dren.

There won't be a consumer in the
ntry who hasn't heard of New Blue
y Gel by the time we're finished. We
e our new blue toothpaste very, very
ously indeed, as well as making sure
e is heavy support for regular Colgate.

**Colgate's been No. 1 in the U.K.
rket for over 25 years.**

We've been number one in both
me and profit and we reckon our new
extension will expand the market by
and Colgate sales by 31%.



Double your own profits.

Cash-in on this expanded market to
the full by doubling your Colgate shelf space.
Getting New Blue Minty Gel right up there,
next to the regular. Then sit back and wait
for our new flavour to make you a mint.



Colgate. Now in two great tastes.

Take a new look at visual blood glucose monitoring



with an eye for simplicity

The two separate test areas of Visidex cover the full range of glucose up to 44 mmol/l. Only one area is read in each range so colour comparison is easy and reading errors are minimised. Lower range readings

(0-10 mmol/l) are obtained in just 60 seconds by comparing the vivid green area to the label. Higher readings (11-44 mmol/l) take only 30 seconds more with the easy to read orange test area.

The 50 strip pack size provides a more convenient number of tests for home monitoring and reduces the cost per test.

- easier to read
- quicker and simpler timing
- complete range of results (1-44 mmol/l)
- more convenient pack size
- lowest cost per test*



PACK OF
50
FOILED STRIPS
NOW
AVAILABLE

Simply nearer
to the ideal



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* Trademark

† At time of press

The U100 changeover: a progress report

Plans for the changeover to U100 insulins on March 1 are progressing well and according to schedule, says the British Diabetic Association.

There has been a good response from pharmacists in identifying diabetic patients and sending their record cards to the co-ordinating hospital physicians who are organising the changeover locally.

Manufacturers have confirmed with C&D that their supplies of the new insulins and syringes will be available to community pharmacies by March 1. Some have already started deliveries to wholesalers.

The BDA expects it will take at least 18 months for all patients to be issued with new insulins and syringes. The aim is for most changeovers to take place in hospital clinics, although some GPs operating mini-diabetic clinics may wish to change over patients themselves. One manufacturer points out that as this is an opportunity to identify all insulin diabetics and bring them to a clinic, it is unlikely that GPs will become significantly involved.

As a key factor in the changeover will be the availability of reusable syringes, the BDA is monitoring their distribution and will match the speed of the changeover with manufacture and delivery, easing the pressures where necessary. While most syringes will be destined for hospitals, the BDA believes there should be no problems of availability at community level.

Manufacturers' estimates

The manufacturers have given C&D their own estimates of syringe requirements. Rand Rocket estimate that a maximum of about 5 per cent of diabetics will be changed during March. By experience, the company knows that a third of syringes are replaced in any six months so on this basis the total chemist trade will need to replace only 500 in the first month, 1,000 in the second month and so on until every one has changed over. So pharmacists will still need to stock the current BS1619/1 syringes for many months.

Hinders-Leslies Ltd expect that all 275,000 insulin-dependent diabetics will be given two new BS1619/2 syringes during the changeover period. The overall demand for replacement syringes, both the present 40/80 unit and new 100 unit versions, is likely to continue at the usual level so the company is also maintaining supplies of Everett syringes for use with 40 and 80 unit insulin.

The National Pharmaceutical Association points out that it is in pharmacists' own interests to identify insulin-dependent diabetics: "The sooner and more efficiently the changeover is completed the sooner you can reduce your stock holdings to the U100 type insulins. Manufacturers will market the U20, U40 and U80 types only while demand lasts."

Insulins available for March

Boots Co plc are producing the following 100 unit insulins for March 1: Quicksol — Neutral insulin injection BP fast acting, Monophane — isophane insulin injection BP slow acting, and Tempulin — insulin zinc suspension injection BP slow acting (replacing insulin injection BP soluble, isophane insulin injection BP and insulin zinc suspension injection BP respectively).

They are not producing direct U100 replacements for Boots semilente, ultralente and protamine zinc insulins, but recommend that the few patients currently using these products should be restabilised on either Monophane or Tempulin. All these new insulins are highly purified.

Particular attention has been paid to the pack design so that they can easily be identified by use of a colour code and the terms "fast acting" and "slow acting." Eli Lilly & Co Ltd will be making available U100 strengths of their human insulins, Humulin S and Humulin I, by March.

Evans Medical Ltd will be launching three new products in 100 unit/ml strength during March. These insulins will be of bovine origin and will be highly purified with a low pro-insulin content of around 10ppm. There will be neutral insulin injection BP, isophane insulin injection BP, and insulin zinc suspension BP lente.

It is expected that patients currently using insulin injection BP (acid-soluble insulin) will be transferred to neutral insulin injection BP (neutral — soluble insulin) when they are converted to using the U100 strength. Neutral insulin does not produce the transient stinging that occurs on injection of the acid-soluble products.

The company says that supplies of conventional 20, 40 and 80 unit/ml products will be maintained for as long as a commercially viable demand exists. Nordisk-UK say that orders for their U100 insulins will be processed from mid-February. A new range of human insulins will be available, made by chemical modification of pork insulin.

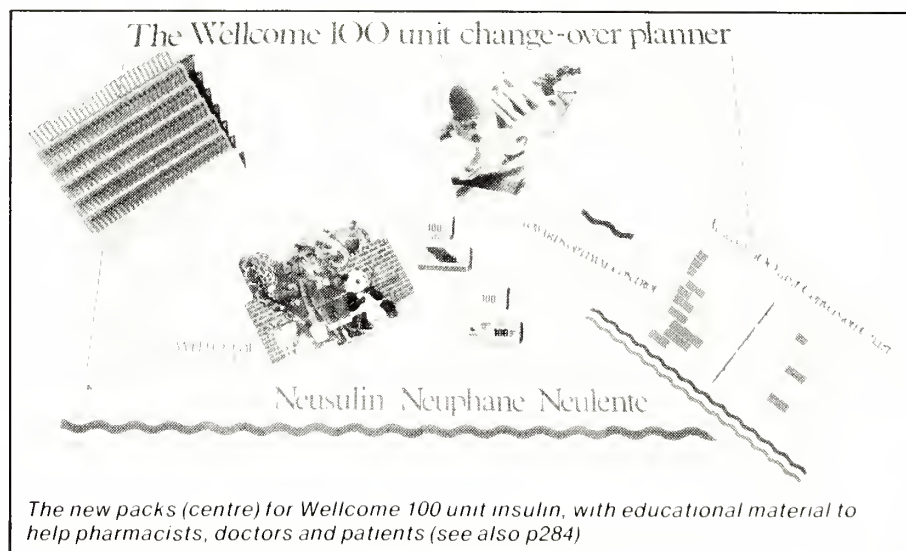
Replacement of the alanine on position 30 of the B chain of the insulin molecule with threonine makes it identical in structure to human insulin. The product, therefore, is semi-synthetic human insulin and is formally designated "human insulin (emp)" — (emp denotes enzymatically modified porcine).

Porcine brands in U100 will be Velosulin, Insulatard, Mixtard 30/70, and Initar 50/50, each one also available as a human semi-synthetic version.

Novo Laboratories Ltd are making their U100 insulins available to wholesalers from the middle of this month. They will not be discontinuing any insulin brands so do not anticipate any problems for patients on Novo insulins.

Weddel Pharmaceuticals Ltd range of

Continued on p280



Syringe ranges include pre-set versions for blind — on NHS

Hinders-Leslies Ltd, a member of the Smith and Nephew group, have developed a new range of Everett re-usable syringes for use with U100 insulin. There are three syringes — ½ ml and 1 ml standard and a 1 ml pre-set.

All three conform to the new British Standard specification BS1619/2 and besides being designed specifically for use with U100 insulin, they feature a number of improvements over the previous 40/80 unit versions (which are now classed as conforming to BS1619/1). The ½ ml is a slender ultra lightweight syringe with a clear, easy-to-read raised black ceramic scale. All have smooth-running, patented, stainless steel piston assemblies. The stop-collar within the new pre-set version incorporates a D-shaped locking washer for added safety.

All three syringes are marked in units of insulin. On the ½ ml syringe there is a mark for every unit up to 50 and on the 1 ml sizes there is a mark for every 2 units of insulin up to 100 (a mark for every unit of insulin on the 1 ml syringe is not feasible).

It is expected that 75 per cent of patients will require the ½ ml lightweight syringe with blind and partially sighted

Insulins available for March

Continued from p279

U100 insulins will carry the brand name Hypurin. The range is designed to reduce confusion by maintaining colour coding and the need to remember only the prefix Hypurin, which can then be supplemented by the appropriate BP name or recognised contraction.

The U100 range is therefore: Hypurin neutral (soluble), Hypurin isophane, Hypurin lente (insulin zinc suspension BP) and Hypurin protamine zinc (protamine zinc insulin injection BP). All are of bovine origin. Stocks will be available to pharmacists from the middle of this month.

Wellcome Foundation Ltd say they were making their U100 insulins available to wholesalers early this month and no supply problems are expected. Neusulin, Neuphane, Neulente and Wellcome acid soluble insulin will be available in U100. Wellcome globin zinc insulin has been withdrawn, and Wellcome protamine zinc insulin, semilente and ultralente will not be available in U100. ■

patients being prescribed the pre-set version which can be set by the practitioner for added safety. The Drug Tariff basic price is expected to be approximately £5.33 for the standard and £8.80 for the pre-set syringes. The new Everett U100 syringes will be stocked by wholesalers from the beginning of March. *Hinders-Leslies Ltd, Green Pond Road, London E17 6EN.*

Abcare label

Rand Rocket will provide, under their new Abcare label, a choice of re-usable metal and glass 1 ml and 0.5 ml syringes (available on FP10, maximum cost to pharmacist £5.33) plus single use 1 ml syringes.

The latter will be available with a 27 gauge ½ in needle embedded into the syringe, giving no dead space (£0.145 retail will produce 33 ⅓ per cent profit on return), or as single use 1 ml syringes with or without detachable needles (with needle £0.0841, without £0.0535 trade). All disposable syringes come in packs of 20.

Rand Rocket are also offering reusable needles in all the standard sizes from no 1 to no 20 (maximum £1.40 per dozen trade), prescribable on FP10, and Abcare single use needles (100, £2.54 trade).

Limited quantities of the new reusable syringes will be supplied to wholesalers from late February and new single use syringes from mid February. Rand Rocket have co-operated with the production of local authority and hospital films, training pamphlets and video films. Company personnel will be speaking at district meetings and "are always willing to give advice." *Rand Rocket Ltd, Algrey Estate, Sharps Way, Hitchin, Herts SG4 0JA.*

Becton Dickinson

Becton Dickinson will be offering two new syringes for use with U100 insulin — a 1 ml syringe and a ½ ml Lo-dose. Both will have a 27.5 gauge ½ in micro-fine needle (10, £1.30 retail) and will be available to pharmacists in the middle of February from major wholesalers. As with the present B-D Plastipak, the two new syringes will not be included in the Drug Tariff for prescription on form FP10.

To aid the changeover Becton Dickinson have produced a broadsheet for pharmacists which explains briefly how, where and why the change is being made and offers an introduction to the new syringes. The broadsheets are being distributed this month by all major

wholesalers currently stocking B-D Plastipak. A "Take home kit," for distribution in hospitals contains three samples of either the 1 ml or the ½ ml Lo-dose syringe, an am/pm dose card, identity card and an information booklet which has three removable picture charts covering one dose injection, mixed dose injection and how to inject. *Becton Dickinson UK Ltd, Between Towns Road, Cowley, Oxford OX4 3LY.*

Gillette Surgical

Supplies of Gillette Surgical's 1 ml syringe should now be available through wholesalers. The syringe comes with a 25 gauge × 5/8 needle or without. *Gillette Surgical, Great West Road, Isleworth, Middlesex TW7 5NP.*

Click-count and carrying equipment

Hypoguard Ltd are introducing new syringe carrying equipment designed to accommodate U100 syringes. A new syringe case, included in the Drug Tariff from March, will hold both the existing syringes and the U100 versions. It can be supplied with an extra-long cap to accommodate pre-set syringes for the blind.

A new syringe user's case, not available on NHS prescription, can carry Hypoguard's U100 syringe case, two bottles of insulin, swabs, spare needles and the Hypoguard automatic injector.

The Click-count syringe, which provides measurement by sound and touch for poorly-sighted diabetics, will be available on the Drug Tariff in the 1 ml size from March. *Hypoguard Ltd, Dock Lane, Melton, Woodbridge, Suffolk IP12 1PE.*

Palmer injector 'to eliminate fear'

The Palmer injector (£10.80 from March 1), is suitable for use with the new syringes for U100 insulin.

The injector was designed by a diabetic to eliminate the pain and fear of self-injection. The instrument is in the form of a gun with a fitting for 1 ml or 2 ml syringes and a base plate which gathers the skin in preparation for the injection. A contracting spring propels the needle forward at high speed to a controlled depth of penetration from zero to ½ in.

The gun can be operated with either hand, in any part of the body. *Palmer Injectors Ltd, 11 George Square, Glasgow G2 1EA.*

ONE NAME IT PAYS TO REMEMBER

The logo for Hypurin U100 features the word "HYPURIN" in a light blue, sans-serif font. A horizontal line runs beneath the letters "HYPURIN". Below this line, the letters "U100" are displayed in a white, sans-serif font. The "U" is positioned to the left of the "100", and the "100" is larger and more prominent than the "U".

FAMILIARITY

Hypurin U100 simply updates the BP insulins whose names and characteristics have been familiar to pharmacists, physicians and patients for decades.

The logo for Hypurin U100 features the word "HYPURIN" in a light blue, sans-serif font. A horizontal line runs beneath the letters "HYPURIN". Below this line, the letters "U100" are displayed in a white, sans-serif font. The "U" is positioned to the left of the "100", and the "100" is larger and more prominent than the "U".

PURITY

The advantages of purified insulins are widely recognised and the quality of the Weddel Hypurin range already established.

The logo for Hypurin U100 features the word "HYPURIN" in a light blue, sans-serif font. A horizontal line runs beneath the letters "HYPURIN". Below this line, the letters "U100" are displayed in a white, sans-serif font. The "U" is positioned to the left of the "100", and the "100" is larger and more prominent than the "U".

ECONOMY

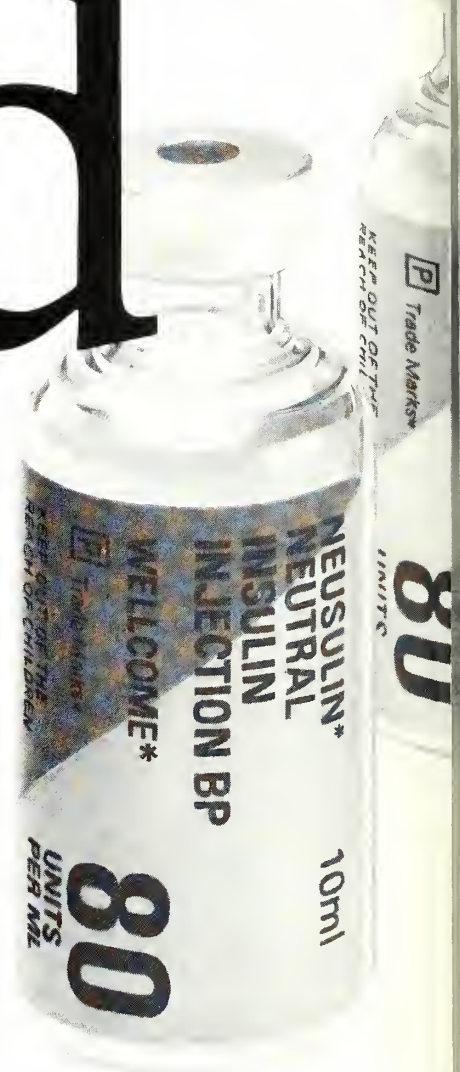
Beef insulin from Weddel Pharmaceuticals –
a particularly cost effective combination.

For further details contact:

Weddel Pharmaceuticals Ltd., Red Willow Road, Wrexham Industrial Estate,
Wrexham, Clwyd LL13 9PX.



In a ch world



WELLCOME PURIFIED INSULIN

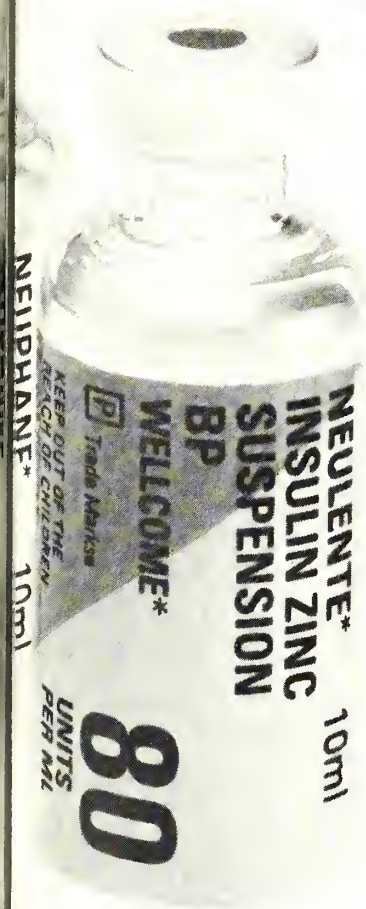
anging

Starting from March 1st 1983, many insulins will be brought into line in 100 unit strengths.

Naturally, Wellcome Purified Insulins are no exception. Neusulin, Neuphane and Neulente will be available in U100 form. Insulin Injection BP (purified) Wellcome* will also be available, as a 100 unit preparation.

What hasn't changed is their quality; they offer smooth, prolonged and effective control for most diabetics. And, as you know, Wellcome — the first British pharmaceutical company to manufacture insulins — has always been innovative in the production of service items that contribute towards an optimal control of the condition.

Wellcome Insulins — a history of quality; a future of development.



Neusulin*

Neutral Insulin Injection BP (purified) Wellcome

Neuphane*

Isophane Insulin Injection BP (purified) Wellcome

Neulente*

Insulin Zinc Suspension BP (purified) Wellcome

WARDS OPTIMAL CONTROL.

Wellcome Medical Division

The Wellcome Foundation Ltd, Crewe, Cheshire

* Trade Mark



Wellcome

Aids to help in the changeover

The following are services and educational aids being offered by manufacturers to ease the transition to U100 insulins.

Eli Lilly & Co Ltd have sponsored a series of educational videos for the British Diabetic Association, including one on U100. The company will also make available to hospital staff only (not patients) two service items: a U100 conversion dial which converts the marks/graduations on old syringes of U40 and U80 insulin to the new U100 dose for injection with U100 syringes; and a dosage error chart intended to go next to the telephone for urgent patient inquiries and indicating either the under-dose if U40/U80 is given in a U100 syringe or worse, the overdose if U100 should be given in an old syringe.

There will be an educational package designed for patients starting therapy on U100 Humulin and for those switching from U40/U80 Humulin.

Nordisk-UK are running a clinic assistance programme intended to complement the literature produced by the British Diabetic Association and have sent co-ordinating hospital physicians task flow charts for distribution in their health districts. An educational aid for use in clinics or surgeries will also be available.

Novo Laboratories Ltd are offering co-ordinating hospital physicians and consultants who run diabetic clinics a range of aids under the "Keeping well with diabetes" education programme. The aim is to leave all patients with a printed reminder of their dose of insulin in units and how it registers on their new syringe.

The aids include a U100 wall poster; a desk top flip chart for teaching the main points about U100 insulin and syringes; three different patient leaflets, dispensed according to which syringe the patient uses; "I am a diabetic on U100 insulin" cards, one featuring human Actrapid and human Monotard, one featuring Actrapid MC and Monotard MC, and one unbranded so that the name of any insulin can be written on it; and an information leaflet featuring the names, time actions, species, etc. of the Novo range of U100 insulins, and the main points on the changeover relevant to the professions. **Weddel Pharmaceuticals Ltd** have a U100 "Getting your injection right" aid.

Wellcome Foundation Ltd are offering the following educational material:

An updated information booklet "Towards optimal control," about Wellcome insulins is being mailed to all retail and hospital pharmacists, GPs and relevant hospital doctors. A conversion wall-chart, also being mailed to the same professions, shows on the left the currently available range of Wellcome insulins and on the right the U100 Wellcome insulins to which all patients can be converted.

A yearly wall planner chart is being distributed by mail or through medical representatives to all hospital pharmacists and relevant hospital doctors. It will provide the opportunity for noting the dates of changeover meetings and patient changeover clinics.

A new U100 edition of the Wellcome publications "Living with diabetes" and, for children, "Mr John the zookeeper" will be available through medical representatives for handing to diabetic patients together with the small plastic card printed "I am a diabetic."

Two videotapes will be available for

showing by doctors to patients. The first, "The delicate balance," was issued a year ago and is being modified to include the U100 changeover. Lasting one hour, it features the diabetic Elaine Strich and discusses good diabetic control, various aspects of insulin, injection techniques, sport and diet. The second video, lasting between five and 10 minutes, explains the changeover to patients. Both videos can be obtained through Wellcome representatives.

Need for monitoring

Ames believe that the transition period could carry an increased risk of mistakes because two systems will run side by side, with more than 120 insulin preparations and two different types of syringes in circulation.

It is vital, therefore, for patients to understand exactly what they are doing. All should have received instruction from their hospital clinic and general practitioner, but no doubt many will still turn to the pharmacist for practical advice.

With the same change in the United States, Australia and New Zealand, patients tended to be confused by the new syringe markings — and the usually good control of blood or urine sugar levels was sometimes lost in the critical week or two afterwards. Ames say that the first piece of advice is for the patient to destroy all his old "20" marks syringes and to forget completely how he calculated his old dose. The new syringe is divided in units, not marks, and is much easier to understand. If he is on 25 units per day, he draws up 25 divisions on the syringe.

In the first fortnight or so the patient should take special care to check that he is on the right lines. He should measure his blood or urine glucose levels several times daily at least four days each week. This will ensure he is well stabilised on the new system and also give him confidence in it.

Eli Lilly and Ames have combined to make available for distribution through clinics a U100 changeover kit which includes advice and eight Visidex strips to encourage patients to take extra care over their control. Patients with blood glucose meters should be advised to step up their use.

Doctors are gradually switching from urine to the more accurate blood glucose monitoring for their insulin dependent patients. The patient who is making both changes at the same time needs particular attention. Pharmacists can help by explaining that the aims of both changes are the same — to simplify and make safer and more efficient the control of their diabetes.



Aids to patients, offered by Becton Dickinson

DIABETES

The role human insulins will play

Manufacturers hold differing views on the role of human insulins during the U100 changeover and in the near future, views which in most cases are related, understandably, to their own involvement with these new products.

Wellcome say that, judging by current clinical opinion, most doctors will keep to the same species during the changeover, largely because human insulins offer minimal clinical advantage in relation to their much higher cost. Nordisk suggest that clinicians may consciously avoid a change of species, believing that patients will already have enough to cope with. Although Nordisk are planning to introduce a range of human insulins they admit that these products offer no clinical benefit and are likely to remain more expensive.

Weddel think that human insulins have had a "disappointing start," the main problems being cost and the shorter, more intense action than the equivalent in other species. Although the benefits are

not yet established, human insulins can be expected to increase market share by weight of promotion and emotional appeal, a spokesman said.

"They will obviously take a proportion of newly diagnosed patients who are presently, for the most part, stabilised on porcine products," he continued. "Beef insulins are considerably more cost effective than their porcine and human counterparts and this will undoubtedly be a factor when budgets are under pressure.

"Logic and market research indicate that the most expedient means of changing patients will be from like preparation to like preparation particularly in terms of species. Beef to beef is obviously more easily accomplished than beef to human or even beef to pork."

Novo are more optimistic and expect human insulins to play an increasingly important role in the management of diabetes. As no bovine insulins of conventional purity will be available in U100 strength, certain patients will need restabilisation. Others may also benefit from a review of their insulin therapy.

"In recent years porcine insulin has

often been selected for restabilisation not least because of its low level of immunogenicity," the company told *C&D*. "Human Actrapid and human Monotard may now begin to assume this role, as early clinical data suggests that, in patients treated from diagnosis, human Actrapid and human Monotard may be even less immunogenic."

Eli Lilly, whose Humulin was the first human health care product of the recombinant DNA process, point out that over the past decade there has been a clear trend towards the prescribing of insulin which is purer in terms of pancreatic contaminants and more closely resembles the molecular structure of pancreatic human insulin, that is, changing from beef to pork. Humulin, they believe, represents the virtual fulfilment of both these therapeutic goals at a price comparable with animal insulins.

They add that it would seem logical to give Humulin to all diabetics who required insulin for the first time and to patients for whom a change in insulin therapy has been decided on clinical grounds. With U100 changeover, some clinicians may also take the opportunity to rationalise

Continued overleaf

The Everett Range of Re-usable Syringes

to
BS 1619/2

This new, British-designed and manufactured range of precision syringes has been specifically developed for use with 100 unit insulin and each features a patented ultra smooth running, stainless steel piston assembly.

Three versions are available

(The syringes shown here are actual size)

½ ml

An ultra-slim lightweight syringe suitable for most patients with a clear, easy-to-read, black scale marked in units of insulin up to 50

1 ml

For the patient who requires a larger dose of up to 100 units of insulin

1 ml pre-set

manufactured by

HINDERS-LESLIES LIMITED

Green Pond Road,
London E17 6EN, England
Telephone 01-531 4100
Telex 898058

a member of the Smith and Nephew group



This special version has a stop collar, incorporating a "D" shaped locking washer, which can be pre-set by the practitioner for added safety.

BS 1619/1 syringes for 40/80 unit insulin are also available.

DIABETES

Concluded from p285

their insulin usage for certain patients in line with the above therapeutic goals.

Prescribing of insulin will need to take into account economic developments in the future, the company adds. The recombinant DNA production process is the creation of an essential resource, whereas animal-sourced insulins "will always remain dependent on the needs of the meat industry, not the clinical demand for insulin."

How they are made

Humulin is produced by the recombinant DNA method which makes use of plasmids, the rings of DNA found in bacteria. A plasmid can be enzymatically cleaved and a synthetic gene, coding for a desired protein, inserted. The plasmid ring is then joined and the new recombinant plasmid inserted into new bacteria which are encouraged to replicate, producing the desired protein in large quantities.

Using this method, Eli Lilly produce separately the A and B chains of insulin and link them together. They have also produced human pro-insulin and human C-peptide which may prove useful

research tools and of possible clinical relevance.

Novo's human monocomponent insulin is produced by an enzyme mediated reaction which selectively replaces the alanine in the B30 position of porcine insulin by threonine. A similar process is used for the new Nordisk insulins (p279).

Portable infuser shows promise

A multi-centre evaluation of the Nordisk infuser is now being carried out in Europe, including three centres in the UK. The company believes the study is likely to confirm the excellent results achieved already.

The infuser will be available from April to some other major diabetic centres in the UK. It consists of a pump which is worn on a belt or carried in a pocket. Weighing only 180g, the infuser carries up to two weeks' supply of insulin which passes through a thin tube to a needle inserted under the skin. The device would



eliminate the need for regular injections and would enable diabetics to achieve "near perfect" blood sugar control, according to Nordisk.

A doctor sets the basal infusion rate and the patient can adjust the device according to when he or she wants to eat a meal. Various safety features are incorporated, for example, an alarm sounds if the battery needs changing or the cannula becomes blocked. ■



Alex Roney, L.L.B., Barrister,
Registrar of the Business Registry writes:

The London Chamber of Commerce and Industry, in cooperation with the Birmingham, Cardiff and Merseyside Chambers of Commerce, has set up the LCCI Business Registry in response to the concern expressed over the government's closure of the Registry of Business Names last year.

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- 3 You will receive guidance notes to enable you to comply with the business stationery and other requirements of the Companies Act 1981.
- 4 The registration certificate which we issue can be prominently displayed in each of your business premises to comply with the notice requirements of the above Act. By re-registration each year, this certificate will be kept up to date and accurate.
- 5 If previously registered with the old registry, you will maintain trading advantages associated with the old registry. Registration is a

great help in establishing your firm's credibility, particularly with overseas companies (it may even help with your bank manager!).

Please send me full details of the LCCI Business Registry and a specimen registration form:

Name _____

Position _____

Address _____

To: Alex Roney, The Registrar,
LCCI Business Registry, (Dept 2)
69 Cannon Street, London EC4N 5AB
Tel: 01-248 4444 Ext. 333

London Chamber of Commerce & Industry. Reg. no. 15993
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DRUG REVIEW

by Dr G.R. Fryers, MD, MRCP, President of the Aspirin Foundation

A perspective on aspirin and salicylate

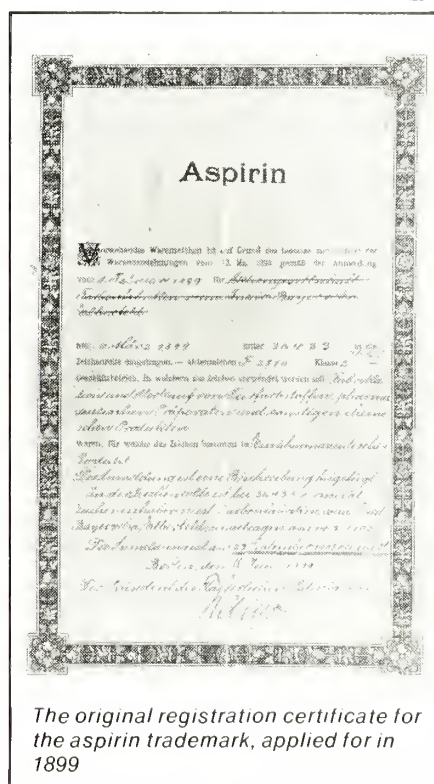
Aspirin is one of the pharmacist's standard remedies, and one that has stood the test of time well. In this article Dr Fryers reviews current research on the uses of the drug and its controversial side effects.

Credit for the first use of willow as an analgesic is generally given to Hippocrates who, in about 400 BC, is reputed to have prescribed the leaves for the pain of childbirth. Barks were next examined in the early 17th century after the discovery of Peruvian or Jesuit bark, which had relieved the ague of the Countess of Chinchon, the wife of the viceroy to Peru.

In the 18th century the Reverend Edward Stone, who also subscribed to the belief that nature provided a remedy near the source of a disease, looked for a treatment for intermittent fevers in boggy places, for in his day recurrent fevers had long been thought to be caused by damp. He chose willow bark because it was bitter like cinchona, and he found it effective. Stone reported his results in 50 subjects to the president of the Royal Society in 1763.

In 1826 Brugnatelli and Fontana described the glucoside salicin as the active ingredient in willow bark. Pagenstecher extracted salicylaldehyde from meadowsweet, and in 1835 Lowig, starting with Pagenstecher's distilled extract, obtained salicylic acid by oxidation. Disappointingly, salicylic acid was too irritant in the mouth to find much of a therapeutic place. Von Gerhardt believed that the acetylation of the -OH moiety might overcome the problem, and in 1853 he made a little acetylsalicylic acid by a tedious and expensive synthesis. The idea lay fallow for 40 years until Felix Hoffman, a chemist at Bayer in the 1890s who knew of Gerhardt's synthesis, developed a practicable way of making acetylsalicylic acid. With his colleague, Dreser, he established that salicylic acid was released from it in the body. In 1899 acetylsalicylic acid, by then named Aspirin, was released to the pharmaceutical world by Bayer.

The first full report of the usefulness of sodium salicylate in rheumatic fever had been made by Stricker in Berlin in 1876, and its use in gout and for pain was reported by Sée in Paris in 1877. It is quite exceptional that the derivative of an agent first introduced to therapy in 1874 is still one of the most widely used drugs in the world, and much important new research involving this fascinating salicylate is still being carried out.



The original registration certificate for the aspirin trademark, applied for in 1899

The present position

The emerging picture is most complicated. Both aspirin and sodium salicylate will inhibit cyclo-oxygenase activity at therapeutically achieved concentrations. Cyclo-oxygenase is necessary for the production of prostaglandins and prostacyclin. Less is known about the importance of these agents to bodily processes in health and disease though clearly they play an important role in our reaction to pain, to infections and to traumas.

Sodium salicylate is a less effective analgesic than aspirin, but both appear to be equally effective in combating the inflammatory signs of arthritis. Aspirin produces irreversible inhibition of the cyclo-oxygenase in platelets and so is a useful preventer of platelet aggregation which is often the first step in intravascular thrombosis. (Sodium salicylate has much less activity on

platelets).

The stomach secretes bicarbonate if stimulated by prostaglandin, and aspirin stops this. Prostaglandin E2 is effective in preventing the shedding of gastric mucosal cells due to aspirin. The anomaly of how sodium salicylate, a cyclo-oxygenase inhibitor itself, acts like prostaglandin E2 and protects the mucosa is still to be fully resolved.

Antipyretic and analgesic actions

It is known that the antipyrexial effects of aspirin are mediated through inhibition of prostaglandin production in the central nervous system, but we are far from knowing just how pain is relieved. There seem to be at least three elements. A peripheral effect is obtained by blocking the production of prostaglandins, which sensitize nerve endings to kinins (the chemicals which trigger the pain response). A second peripheral effect follows inunction. The effectiveness of this route has been shown to be comparable to that of systemic doses, even though the locally absorbed dose was much smaller. Presumably this action is on receptors in the skin, and the relief of deep-seated pain obtained is mediated through a nervous mechanism which inhibits the pain pathways, though there is some recent evidence that the effect is systemic.

A central nervous system effect of aspirin can be detected by electroencephalography, and there ought to be a central analgesic effect as paracetamol and aspirin both inhibit brain cyclo-oxygenase, which mediates their comparable central anti-pyretic action and presumably contributes similarly to both products' analgesic action.

The anti-inflammatory actions of aspirin are far from being understood. It appears that indomethacin is a very active and very specific cyclo-oxygenase inhibitor. The question remains as to whether aspirin and salicylate, which are less specific anti-inflammatory agents, have some additional anti-rheumatic effects as compared to indomethacin. At least this seems possible from aspirin's ability to inhibit leucocyte activation at clinically used dosage; a property not shared by indomethacin.

Platelet action

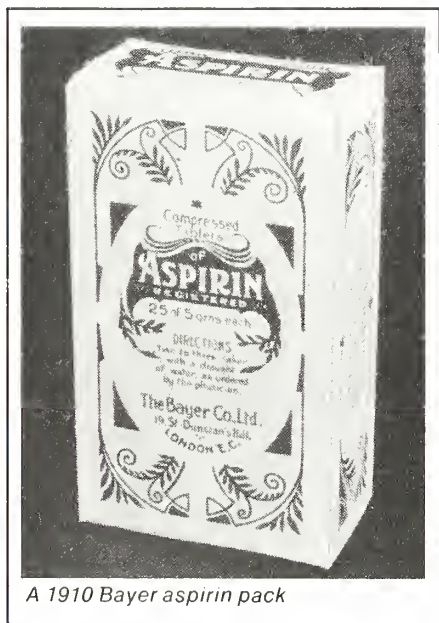
The effect of aspirin on myocardial infarction is now the subject of six published controlled studies involving 10,000 patients in all. Aggregating the differences found between patients and

Continued overleaf

Continued from p289

controls in each study finds an overall reduction in reinfarctions of 21 per cent with a standard error of ± 5 per cent. A similar benefit is now accepted as occurring in transient ischaemic attacks (brief strokes) which are thought to be due to repeated small cerebral infarctions.

These studies were motivated by the discovery of the probable importance of platelet clots in the initiation of infarction and the demonstration that aspirin is a powerful inhibitor of platelet aggregation. If this is the mechanism involved, then very small doses should suffice. In the absence of clinical confirmation that low doses are effective, it is sensible to examine alternative possible mechanisms of action. There are at least two alternatives.



A 1910 Bayer aspirin pack

The beneficial effect of aspirin appears to be confined to men. Women, whilst still menstruating, have a low incidence of myocardial infarction, which gradually rises after the menopause until it more closely approximates the male rate. It has recently been suggested that excess iron stored in the heart muscle could be the precipitant of arrhythmias, which could lead to sudden cardiac death. If that were so then menstruation would protect through the loss of iron it entails, but if so then aspirin, which leads to an intestinal loss of iron equivalent to a few millilitres of blood a day, would be doing the same thing, and to more or less the same extent. Furthermore, it has been shown, in experimental myocardial infarction in dogs, that aspirin in ordinary doses can prevent fatal arrhythmias. Could this be the way the observed benefit has been produced?

If we believe that the mechanism is exclusively a platelet aggregation one, then smaller doses of aspirin should work.

They might theoretically work better by allowing some, perhaps intermittent, production of the anti-aggregatory prostacyclin by vessel walls, though recent studies cast considerable doubt on whether the two functions can be separated in practice. If, however, we are depleting iron and/or preventing arrhythmias, then the present dosage of 300-1,200mg a day must at least be maintained and on present evidence 300mg three times a day should be used to maintain cover and/or blood loss, whereas platelet aggregation can be adequately prevented by 100mg on alternate days.

All we can conclude at present is that we appear to have a useful reduction in myocardial and some cerebral infarction rates with 300-1,200mg aspirin a day. All else is conjecture.

Side effects at therapeutic dosage

In sustained dosage most non-steroidal anti-inflammatories, including aspirin, cause dyspepsia and are associated with gastric ulcer in about 20 per cent of subjects. This does not occur with the intermittent use of aspirin using the dosage recommended for self-medication. The arguments about whether intermittent dosage causes gastrointestinal haemorrhage are dealt with below.

The anti-aggregatory effect of aspirin (sodium salicylate is not effective) on platelets turns out to be a useful side effect. In people with other coagulation defects interference with platelet aggregation may be harmful, but the rest of us do not depend on only this one mechanism to stop bleeding, and aspirin does not have much effect on bleeding generally, eg. menstrual blood loss. The often cited increase in "template" bleeding time turns out to be true only if the part is suffused by preventing venous flow and if the cut is made in a particular direction. Its relevance to clinical bleeding has not been shown.

The mechanism of the increased faecal iron loss traced by the isotope ^{51}Cr is another puzzle. It has no relationship to major gut haemorrhage. With aspirin it occurs reliably in people with acid in their stomachs, but not so reliably in achlorhydric. Bile has been shown to be the source of the normal excretion as measured with ^{51}Cr labelling. No similar study with aspirin has been reported.

The arguments over the role of aspirin in major gastrointestinal haemorrhage (GIH) have continued for over 40 years. The underlying problem is that about one third of hospital admissions are found to have taken aspirin recently. Its use is so widespread that 37 per cent of presumably

fit blood donors were found to have taken a drug known to affect platelet function, the most common of which was aspirin. Many of the published studies have regarded a history of aspirin intake within the previous 10 days as significant, and aspirin had been taken by from 4-44 per cent of the control groups in the published studies. Could one expect similar aspirin usage in groups with GIH? Active peptic ulcer is a major cause of GIH, and studies have shown that ulcer subjects use more analgesics when their ulcer is active than they do when it is in remission, and that GIH sufferers are more likely to have taken paracetamol than controls, though they are even more likely to have taken aspirin. It follows that more than ordinary caution will be necessary in interpreting a statistical association between aspirin intake and GIH as a cause and effect relationship.

The inadequacy of the data available to show that aspirin causes GIH was pointed out by Kurata, Elashoff and Grossman last year. They reviewed the illogicality of extrapolating from ^{51}Cr studies to clinical GIH and focused attention on the need to replace these with studies on the incidence of gastric ulcer, not just with aspirin but with anti-inflammatory analgesics, whether or not they give positive results in the ^{51}Cr test.

Nevertheless, accepting the statistical association of aspirin usage with GIH, which seems to be fully confirmed by recent work, and if none of the conventional hypotheses stand close examination, are there others that might lead to this statistical association? The observation that people with active ulcers take more aspirin must be one factor which could explain the excess paracetamol intake but not the relatively higher association with aspirin usage.

The possibility that aspirin's effect might be due to an increasing volume of blood lost from an already bleeding lesion has been suggested. It takes the ingestion of a minimum of 50ml of blood to produce a tarry stool. If the amount of blood lost in GIH were to follow normal distribution, then for every one bleeding a litre there would be several unrecognised cases. If the prolongation of bleeding produced by aspirin added, say, 50ml to the initial blood loss, it might produce a substantial addition to the number of diagnoses of cases, without itself having played more than an adjunctive role.

Perhaps these two factors explain the statistical association generally found in ordinary dosage, ie. intermittent aspirin usage. A study in 1980 concluded: "On the basis of information now available we believe that the case against aspirin in the pathogenesis of serious gastric disturbance may have been overstated."

Reye's syndrome's relationship with

UNITED STATES PATENT OFFICE.

FELIX HOFFMANN, OF ELBERFELD, GERMANY, ASSIGNOR TO THE FARBEN-
FABRIKEN OF ELBERFELD COMPANY, OF NEW YORK

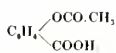
ACETYL SALICYLIC ACID.

SPECIFICATION forming part of Letters Patent No. 844,077, dated February 27, 1900.
Application filed August 1, 1898. Serial No. 887,385. (Specimens.)

To all whom it may concern:

Be it known that I, FELIX HOFFMANN, doctor of philosophy, chemist, (assignor to the FARBENFABRIKEN OF ELBERFELD COMPANY, of New York), residing at Elberfeld, Germany, have invented a new and useful Improvement in the Manufacture or Production of Acetyl Salicylic Acid, and I hereby declare the following to be a clear and exact description of my invention.

In the *Annalen der Chemie und Pharmacie*, Vol. 140, pages 11 and 12, Kraut has described that he obtained by the action of acetyl chloride on salicylic acid a body which he thought to be acetyl salicylic acid. I have now found that on heating salicylic acid with acetic anhydride a body is obtained the properties of which are perfectly different from those of the body described by Kraut. According to my researches the body obtained by means of my now process is undoubtedly the real acetyl salicylic acid.

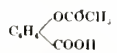


Therefore the compound described by Kraut cannot be the real acetyl salicylic acid, but is another compound. In the following I point out specifically the principal differences between my new compound and the body described by Kraut.

If the Kraut product is boiled even for a long while with water, (according to Kraut's statement,) acetic acid is not produced, while my new body when boiled with water is readily split up, acetic and salicylic acid being produced. The watery solution of the Kraut body shows the same behavior on the addition of a small quantity of ferric chloride as a watery solution of salicylic acid when mixed with a small quantity of ferric chloride—that is to say, it assumes a violet color. On the contrary, a watery solution of my new body when mixed with ferric chloride does not assume a violet color. If a melted test portion of the Kraut body is allowed to cool, it begins to solidify (according to Kraut's statement) at from 115° to 118° centigrade, while a melted test portion of my product solidifies at about 70° centigrade. The melting-points of the two compounds cannot be compared, be-

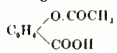
cause Kraut does not give the melting-point of his compound. It follows from these details that the two compounds are absolutely different.

In producing my new compound I can proceed as follows, (without limiting myself to the particulars given.) A mixture prepared from fifty parts of salicylic acid and seventy-five parts of acetic anhydride is heated for about two hours at about 150° centigrade in a vessel provided with a reflux condenser. Thus a clear liquid is obtained, from which on cooling a crystalline mass is separated, which is the acetyl salicylic acid. It is freed from the acetic anhydride by pressing and then recrystallized from dry chloroform. The acid is thus obtained in the shape of glittering white needles melting at about 135° centigrade, which are easily soluble in benzene, alcohol, glacial acetic acid, and chloroform, but difficultly soluble in cold water. It has the formula



and exhibits therapeutical properties. Having now described my invention and in what manner the same is to be performed, what I claim as new, and desire to secure by Letters Patent, is—

As a new article of manufacture the acetyl salicylic acid having the formula—



being when crystallized from dry chloroform in the shape of white glittering needles, easily soluble in benzene, alcohol and glacial acetic acid, difficultly soluble in cold water, being split up by hot water into acetic acid and salicylic acid, melting at about 135° centigrade, substantially as hereinbefore described.

In testimony whereof I have signed my name in the presence of two subscribing witnesses.

FELIX HOFFMANN.

Witnesses:

R. E. JAHN,
OTTO KÖNIG.

Dr Felix Hoffman's US patent, which he received in 1900

in the literature include margosa oil, herbicides and more recently the emulsifiers used in agricultural sprays.

In analgesic nephropathy the role of aspirin is far from clear. In the

countries where high local incidences were first described, compound analgesics always containing phenacetin together with another analgesic (only sometimes aspirin), were the materials used. They had been taken in dosages that were incredibly large, well beyond the maximum labelled dosage, and taken daily for years.

In spite of that, in these patients the sudden death and necrosis of a renal papilla is an occasional dramatic event whose precipitant is unknown. The lesion is very uncommon when single analgesics are used, and is not a clinical

In conclusion these side effects and alleged side effects do not detract much from the overall usefulness of either analgesic and are quite acceptable for self-medication usage in accordance with labelled dosage.

Additional proposed uses

Prostaglandin produced in response to, or by some secondary tumours, leads to bone resorption, and in animals aspirin has inhibited the development of bone metastases. However, this has not been confirmed in a human study, though we have not heard the last of aspirin in cancer as other work is under way.

Aspirin's role in preventing deep vein thrombosis has now been confirmed. Most workers prefer to use heparin; some use both. However the usefulness of aspirin is not in doubt. It is interesting that in this application a full dosage schedule appears to be necessary, which indicates that aspirin at higher dosage has a second effect on thrombotic mechanisms.

Very recent work suggests that aspirin may have a role in treating cholelithiasis, and other work indicates a potential value in cataract.

It seems to be established that aspirin will prevent the gastrointestinal symptoms arising from intolerance to particular foods and enterotoxins. It can control some diarrhoeas, notably that induced by radiation. Indeed, this effect on the gut may lead to complaints of constipation in those receiving prophylactic aspirin to prevent arterial thrombosis.

Migraine and gout may, in different ways, both be preventable with aspirin. The effect on gout has long been known, and depends on increasing uric acid excretion. It is not much used clinically now in view of later therapeutic developments. The prophylaxis of migraine by platelet inhibitory dosage of aspirin still awaits full confirmation. The recent finding that the beta-blockers that have been shown to be effective in migraine are the ones which inhibit platelet aggregation and thromboxane synthesis is an indirect confirmation of the mode of action.

Perhaps the greatest contribution of aspirin to medicine is the long history of research based on its properties. The pace of this shows no sign of slowing down and we can look forward to many more years of research, and still more years of clinical usage. ■

A list of references used in preparing this review can be obtained on request from the editor, *C&D*. The author is much indebted to H.O.J. Collier for his help, and to the latter's publication with D.C. Atkinson (Salicylates: Molecular mechanism of therapeutic action; *Advances in Pharmacology and Chemotherapy* 1980; 17: 233-288). This review is based on an original paper given in New Orleans last year at the Aspirin Foundation Symposium.

aspirin is another statistical association, with all the difficulties of interpretation which that implies. (Reye's syndrome involves children in cerebral, hepatic and renal failure and often results in death from cerebral oedema). The data so far available has substantial defects. The history of aspirin usage has not been determined until the Reye's syndrome appears, which is often weeks after the aspirin was taken. A study of data from Ohio showed that 14 per cent of cases might have taken paracetamol and not aspirin. In 41 of the 64 cases that occurred in the second year, the Food and Drug Administration felt they could relate aspirin to the development of Reye's syndrome. In the Ohio review, in seven of the 41 cases, one had no exposure to aspirin and six used their aspirin after symptoms of Reye's syndrome had developed. Therefore, it was pointed out, the odds ratio changed greatly (from significant to not significant) dependent on whether the seven were counted as those who received aspirin or with those who did not receive aspirin.

In the light of this and other reviews of the data the FDA have changed their minds and decided not to proceed with a label warning until further studies have been undertaken. In the meantime aspirin must remain merely as a possible cofactor in a syndrome of multiple aetiology which also occurs in those who have not used aspirin. Other possible cofactors reported

problem in treating rheumatoid arthritis with the maximum tolerated dose of aspirin. Perhaps the explanation is that mixtures allow the ingestion of higher total analgesic dosage without symptoms of overdosage, and the different analgesics have cumulative toxic effects on the kidneys. Some other factor has to be invoked which precipitates the particular incident of papillary necrosis.

An additional oddity about this condition is its social dimension. Generally the groups of abusers are very small and the habit has been established in the group for at least fifty years, and appears to have been handed on in the work environment. Unless people work in these groups they seem to be practically immune to the risk of abusing compound analgesics. Really, therefore, the problem is more interesting when seen as a subject for social research.

The question of aspirin hepatotoxicity seems to be a clear case of over-reaction. Persistent liver damage from aspirin does not occur, even after the gross overdosage of failed suicides. During aspirin usage the changes in liver function tests that can be seen are apparently of no clinical significance. Probably the unreasonable attacks on paracetamol on the grounds of hepatotoxicity have led to questioning of aspirin. In normal or any reasonable usage both products appear to be free of any liability to cause clinically significant liver damage.

Pharmacist reprimanded for 'dustbin' disposal

A Castle Grestley pharmacist who disposed of old tablets in a dustbin which were later found by local children was reprimanded for professional misconduct.

The Pharmaceutical Society Statutory Committee was told that nine children aged 2-12 were treated at Burton-on-Trent General Hospital after eating the tablets, mainly anti-depressant drugs, dumped by Mr Arthur Barrington behind his pharmacy at Linton Road in September 1981.

Mr Josselyn Hill, for the Society, said that the drugs were placed in a dustbin on Mr Barrington's own private property so the children who gained access and took the drugs were trespassing. "But you will hear that Mr Barrington was aware that the children had in the past entered the yard at the back of his pharmacy and rumaged in the dustbin. You will also hear that the yard was not locked" said Mr Hill.

Mr Robert Chatterton, a Society inspector, told the Committee that Mr Barrington was completely unrepentant about putting the drugs in the dustbin and placed the blame on the parents of the children concerned. PC David Banton said the children who ate the pills showed no signs of illness in hospital but doctors took the precaution of pumping out their stomachs.

Case postponed to await evidence

The Statutory Committee has postponed judgement in a case in which the director of six pharmacy companies in the Midlands is accused of misleading two local councils by making false planning applications.

Mr Frederick Ford of Birchlea House, West Leake Road, East Leake, Loughborough, appeared before the Committee last month to answer complaints by the Society's Council. A decision was due to be given last week, but because of information received from the planning department of Charnwood Council, the Committee decided that it now wanted to hear evidence from a planning expert.

It has been alleged that Mr Ford personally, or through an agent, used the name of one of his pharmacists without his knowledge or consent on applications to change the use of two residential properties in Newark and Loughborough

Mr Barrington, who declined to attend the hearing, wrote a letter to the Society soon after the incident in which he denied telling another inspector that the medicines in the dustbin were harmless.

Sir Carl Aarvold said that disposing of waste and unwanted medicines might often present difficulties and problems "but in the main the responsibility rests with the pharmacist to dispose of unwanted medicinal waste and it must be done without causing danger to children and adults." Putting them in a dustbin to which access was comparatively simple, even though unauthorised, was not good enough.

Sir Carl added that Mr Barrington may have been infuriated that children were trespassing on his premises and that parents should allow children as young as two years out at night to rummage around dustbins and other people's property.

"We believe there was considerable publicity about the matter, and that publicity must have acted as a warning to Mr Barrington and to all pharmacists in general that they must be very cautious in disposing of unwanted medicines. It may have acted as a warning to the general public about the potential and possible dangers of rubbish tips and other people's dustbins" he said.

to doctor's surgeries.

The Society's Council claimed the applications falsely pretended that Mr Paul Jepson, a doctor of philosophy and a bachelor of pharmacy, was a registered medical practitioner, and that the premises were to be used as a medical surgeries. The applications concerned premises in London Road, Newark and Bridge Street, Loughborough.

The Committee's chairman, Sir Carl Aarvold, said the information from the local authority might suggest that planning authorities did not mind who an applicant was, or what he pretended to be. All they were concerned with was the use of the premises. If permission was granted and another use was made of the premises then the planning authority could take action. But they could not take action in any other way unless it was a deliberate fraud.

"I would very much want the opportunity of having somebody come from the planning authority to tell us what the true position really is," said Sir Carl. The hearing was adjourned until a date to be fixed in March.

Illegal supply leads to ban

The Statutory Committee has disqualified Emblecrest (Herne Hill) Ltd from running a pharmacy. The company formerly owned a pharmacy in St John's Hill, Battersea, South London, and had been convicted at South Western Magistrates Court in December 1981 over the unsupervised dispensing and supply of medicines in June 1981.

The Committee heard that at the time there was no pharmacist in personal control of the shop and the company had no superintendent pharmacist. Mr Louis Rosin, the unqualified manager of the shop, pleaded guilty to a charge under the Misuse of Drugs Act and was conditionally discharged by the magistrates.

Mr Josselyn Hill, for the Society's Council, said that for at least a week prescriptions were dispensed by Mr Rosin, including Physeptone to a registered addict. Its superintendent pharmacist, who resigned in May 1981, had admitted he had never visited the pharmacy. Mr Hill said that none of Emblecrest's directors was a pharmacist.

Mr Timothy Staton, a Society inspector, said the pharmacy was now being run by Limpshamton Ltd, which had no connection with Emblecrest. Mr Rosin was in attendance.

No further action over indiscretion

The Committee decided to take no further action against a Gravesend pharmacist who was convicted of being drunk and disorderly. Mr Michael Lawrie, of Windmill Hill, admitted that he was fined £10 by Gravesend Magistrates in November 1981 following an incident at Windsor Road involving his former employer.

He told the Committee that he was appointed superintendent pharmacist of M.K. Jappu Ltd by the widow of the owner in November, 1980. Mrs Jappu later dismissed him after a disagreement and ordered him to leave his flat above one of the shops. He tried unsuccessfully to contact Mrs Jappu and eventually went to her home in Windsor Road on October 13, 1981, and demanded to be let in. He was shouting, and was arrested. Mr Lawrie said although he pleaded guilty he was not drunk at the time of the incident.

Sir Carl Aarvold said the Committee regarded the event as youthful indiscretion, and hoped it would be forgotten.

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only relieves coughs but also
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It means that, more than
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WESTMINSTER REPORT

Competition for the optician

The Government is to act as soon as possible over prices charged by opticians for spectacles Lord Trefgarne, Health Under Secretary, told the House of Lords this week.

Replying to Lord Orr-Ewing, Lord Trefgarne said the Government is still studying the Office of Fair Trading report, "Opticians and competition"

(C&D, January 15 p82).

Britain is alone in having such an archaic set-up which produces such a rip-off for many people who are forced to buy spectacles at such enhanced prices, Lord Orr-Ewing said. He called for the Government to "get on with the job" and introduce competition into this field.

This follows a call by the National Consumer Council for changes in the law to allow opticians to advertise, and people other than opticians to sell spectacles.

The NCC believes that if their proposals were implemented more people would buy spectacles — although most would still buy from opticians — and more people would have eye tests due to increased awareness of availability of free eye tests under the NHS.

The NCC recommends that spectacles (with the exception of glasses for children and contact lenses) should be available

from anyone who chooses to sell them, subject to conditions set out in a code of practice for "over-the-counter" spectacle sellers. Such a code would have three main provisions: a notice should be clearly displayed at the spectacle counter giving information such as the right to a free NHS eye test, who qualifies for free NHS spectacles, and the right to have a copy of the prescription. Staff should be given basic training so that they can understand prescriptions and explain them to customers, and know when to advise consumers to go to an optician. There should also be a trial period within which consumers can return spectacles and get a refund if they find them unsuitable.

DHSS inquiry into opticians' costs

The Department of Health is to conduct a direct inquiry into the prices paid by opticians for lenses and frames supplied for the NHS to establish an up-to-date factual base for reimbursement rates.

Mr Kenneth Clarke, Minister for Health, said in a Commons written answer on Monday, that revised rates of reimbursement had been agreed from February for lenses supplied by opticians under the NHS. The revision affects 258 separate reimbursement prices, ranging from £1.35 to £25, contained in the General Ophthalmic Services Statement. There are decreases in reimbursement rates in the 12 lower priced lenses ranging from 1.9 per cent to 5.6 per cent (glass) and 17.9 per cent to 21.9 per cent (plastic). There are increases in respect of 243 prices ranging from 1.7 per cent to 69.4 per cent. The prices for three lenses remain unchanged. Overall these adjustments represent a weighted average increase of 6.2 per cent.

Liability Bill: No second reading

Jack Ashley's private member's Bill to impose strict liability on drug manufacturers (C&D, January 1/8, 1982) was the subject of an objection in the House of Commons on Friday. The Bill therefore did not receive its scheduled second reading and, as no replacement date was named, it is unlikely to be allocated Parliamentary time in this session.

Generic dispensing

The Generic Dispensing Bill (HMSO £0.35), presented to the Commons last week by Mr Laurie Pavitt, MP, states that:

"A qualified and registered pharmacist within the NHS shall be

Continued opposite

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Kalms successful launch last year means we can double our advertising in 1983. Over 30 special position spaces will appear in a concentrated burst in ● **Daily Mirror**

● **Sun** ● **Daily Express** ● **Daily Telegraph**
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Kalms relieve modern day stresses and strains, have no unpleasant side effects, non habit forming, do not cause drowsiness, contain only natural ingredients.



For full details contact sole chemist distributors Ernest Jackson & Co. Ltd., Crediton, Devon. EX17 3AP. Tel. 03632 2251.

PERFORMANCE WISE...

Lotussin gives effective relief for persistent, dry or irritating coughs.

PRICE WISE...

Lotussin is attractive to the customer at £1.08 per 100 ml pack.

PROFIT WISE...

Lotussin is competitive, especially with Searle's special bonus terms.

PHARMACY WISE...

Lotussin is exclusive to family chemists and backed by Searle service to the retail pharmacy

Westminster Report
Continued from opposite

empowered to use his own knowledge and discretion in substituting an alternative drug to that prescribed by the doctor, and is so doing he shall have due regard to the quality of the substitute and to the costs for which the NHS accepts responsibility. It shall be an offence to make any such substitution if the general practitioner concerned specifically includes the words "no substitute" on the prescription form."

The Act would come into operation on January 1, 1984.

LETTERS

RPA 'on a Prayer'

The impatience and frustration expressed in the letter by Keith Jenkins (*C&D* February 5, p238) is fully understandable, but we mustn't throw out the baby with the bathwater. What is happening at the present moment is a build up of quite considerable support in the House of Commons for Clement Freud's early day motion.

We must ensure that the freedom of choice over the option forms is properly established so that the rural patient does get the freedom of choice promised originally by both sides in the negotiations. Any deviation from this very proper aim would be counter productive, and would ruin our chances of getting anything from our present hard won support that is increasing day by day. It is in our best interests and the best interests of the rural patient that we stick to obtaining this very fundamental point on the freedom of choice.

This choice is best obtained by ensuring that forms are available from Family Practitioner Committees when the patient decides that they wish to change, and that when they have made up their minds and signed the forms of intent, these forms are returned and retained by the FPCs.

The policy of the Rural Pharmacists

Association as specified after the Coventry meeting was that we would support the Clothier arrangement, but would fight in Parliament to obtain the freedom of choice on option forms, and it is the RPA's intention to have a Prayer tabled on which full support be given to Clothier, together with an arrangement which will ensure the free choice for rural patients over where they get their prescriptions dispensed. We need the support of six or more MPs to table a Prayer. Letters from pharmacists to urge all MPs to support Clement Freud's early day motion are very necessary.

It must be made clear that the RPA is not politically biased and that the early day motion was tabled by Clement Freud because his thinking is clearly on a parallel course to the RPA's. We would have accepted such a motion from any MP who had the same initiative. This isn't to say that we do not appreciate the sympathetic response that we have received.

Unless and until we get an MP in the Commons who is also a pharmacist, it will be inevitable that when we do get support it will appear that we are being used as a political football. The RPA is intent on only scoring goals for the rural patients and the rural pharmacists.

John Davies,
Secretary, Rural Pharmacists Association,
Wiveliscombe, Somerset.

'Mum wants these!'

Pumice stone
 Thick tissues
 Mouth ulcer things
 Throat lozenges

A subscriber received the above shopping list, written by an English mother. Pumice stone, thick tissues, mouth ulcer things and throat lozenges were required!

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Sunday trading: MPs vote 2:1 against Whitney Bill

MPs have given a resounding "No" to the prospect of unrestricted Sunday trading. Ray Whitney's Bill to abolish the 1950 Shops Act was defeated in the House of Commons last week on a free vote of 205 to 106.

Opponents of the Bill such as USDAW are still pressing for a Government inquiry, however.

Mr Whitney told the Commons chamber — unusually full for a Friday — that his Bill, which would allow all shops to open in the evenings and on Sundays whenever they wished, was a long overdue measure to restore a sensible basis to the law. He urged MPs to ignore the "extraordinary propaganda" put forward by his opponents, and stressed that he did not want Sunday to become just like any other day. "It is a Bill which concerns freedom, not licence . . . with the modest aim of giving rights to people in England and Wales which have long been enjoyed by the Scots," he said.

Shadow Home Secretary Roy Hattersley accepted that the current Shops Act demanded reforms, but opposed Mr Whitney's Bill on the grounds that it would change the law "out of all recognition". Although opinion polls had shown the public to be in favour of Sunday opening, he doubted whether, if asked, people would also support small corner shops being driven out of business. "It has never been our view that freedom is simply the absence of regulation," said Mr Hattersley.

Labour MP Ted Graham — who is

sponsored by the Co-operative movement — said anomalies had arisen in the law, due to drastic changes in the nature of shopping over the past 30 years. He accepted that these anomalies should be resolved, but not that this required seven-day-a-week shopping. Sir Peter Mills, Tory MP for Devon West opposed the Bill on the grounds that it would "open the floodgates to the commercialisation of Sundays".

Government position

The Government's position was set out by David Mellor, Under Secretary of State at the Home Office. Its stance towards Mr Whitney's Bill remained one of benevolent neutrality. Mr Mellor said Sunday trading was a matter for individual conscience, involving strongly-held personal beliefs. A Government inquiry was therefore unlikely to contribute to any greater understanding of the subject, the issues being already sufficiently well known for Parliament to reach a decision.

A Home Office spokesman later confirmed that the Government sees no need for a further inquiry at present. The

House had given a very substantial vote against change, and the matter was now considered closed — for the moment at least.

Pressure for an inquiry

Pressure for a Government inquiry seems set to continue, however. Shop workers' union USDAW, while delighted at the Commons vote, are calling for an inquiry to see how shops legislation can be updated without the free-for-all threatened by Mr Whitney's Bill. "We certainly don't expect Parliament to leave the law on Sunday trading unchanged for very much longer," says USDAW deputy general secretary John Flood, who nevertheless describes the defeat of Mr Whitney's Bill as "a victory for common sense in the High Street".



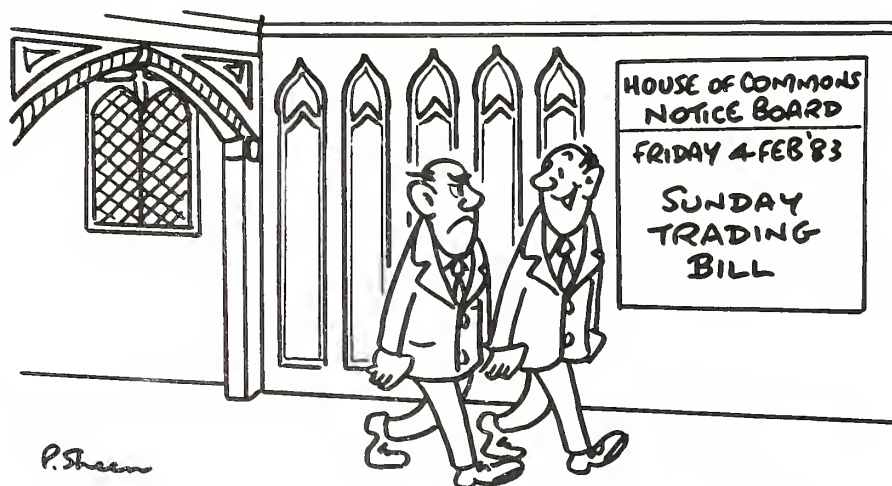
The National Consumer Council — firm supporters of the Bill — feel the strength of opposition shown in the House to effectively rule out use of another private members' Bill as a route to change. The NCC say another inquiry would be useless, and will now begin lobbying for direct Government action to liberalise the law. They expressed great disappointment at the result of Friday's debate, but take some consolation from the fact that almost all the MPs who spoke agreed the existing law was "an ass".

The Retail Consortium, also well pleased at the Bill's defeat, have written to the Home Secretary asking for a meeting to discuss shop hours legislation. They accept the current law is both outdated and unenforceable, and say their members want reform. Accordingly, they are anxious that the public interest generated by Ray Whitney's Bill not be allowed to lose momentum.

Good Christmas for Boots retail

"Christmas was a great success" declares the front page of January's *Boots News*. Final figures show Boots retail sales up by 10 per cent compared to 1981. Credit for this increase is divided equally between price inflation and real growth. "People were shopping early and spending more" says the company. Kodak Disc Cameras are listed among the most popular gift items.

Timothy Whites are said to have suffered a difficult Christmas, finishing short of target.



"Cheer up then — at least this means you won't have to take the wife shopping on Sunday!"

NPA Budget suggestions to Chancellor

Removal of employers' National Insurance Surcharge and a reduction in the rate of VAT are among proposals from the National Pharmaceutical Association for this year's Budget. They say a reduction in VAT could be achieved with no loss to the treasury, if accompanied by a simplification of collection procedures and associated costs, and describe the NIS as "clearly a disincentive to employ."

Other suggestions in NPA director Tim Astill's letter to the Chancellor include the granting of capital allowances on retail premises. "It is unreasonable to discriminate against retailing when service industries such as hotels are allowed capital allowances on their buildings."

Chemists' consumer spending share falls

Spending on chemists' goods declined last year according to estimates from the Economist Intelligence Unit. Provisional figures for 1982 show the "other goods" sector, of which chemists' goods are a part, as losing 0.5 per cent of their consumer spending share compared to the previous year.

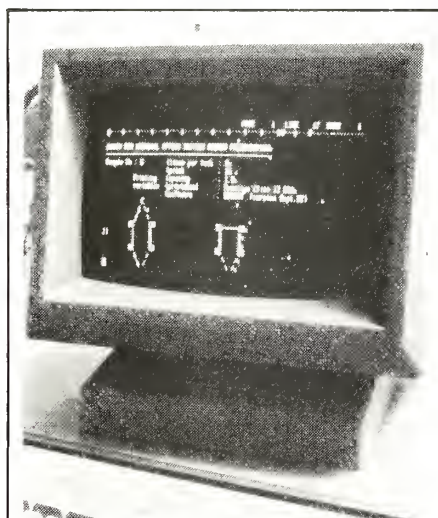
Across the whole economy, a growth of just 0.5 per cent in consumer spending is expected for 1982 as a whole. Last Summer's surge in spending — attributed largely to the recent removal of hire purchase controls — seems to have been only transitory, with the upturn concentrated mainly in durable goods. While the rate of inflation has continued to ease quite significantly over the past year, this is now felt to be near its lowest rate. Consumer spending is expected to rise a little more slowly than real incomes between now and 1986, with an average growth rate of 2 per cent forecast for the period. The anticipated growth in real incomes should make itself felt in 1984, when chemists' goods are expected to be among the sectors benefitting most.

Prospects For Consumer Spending to 1986, Retail Business No 300, Economist Intelligence Unit Ltd, Spencer House, 27 St James's Place, London SW1A 1NT.

The NPA proposes that the cost of travel to and from work be made allowable against taxable income. Private sickness insurance should also be allowable for tax "especially for the small self-employed businessman . . . whose presence is usually essential for the continuance of his business." Employers' obligations under the new statutory sick pay regulations should be changed so that employers' National Insurance contributions are not payable during periods of employee absence due to sickness.

The NPA's measures are designed to stimulate trade and employment in the retail sector as a whole, they say.

☐ Complete abolition of the employer's National Insurance Surcharge may already have been ruled out by the Chancellor, according to last Friday's *Financial Times*. The paper suggests Cabinet discussions have dismissed this option, with a reduction in the present 1½ per cent rate a more likely alternative.



A flexible method of drawing chemical structures into the text of a scientific paper, drug analysis, research report or patent application has been added as the "text-formula" chemical option to the Exxon 500 series of word processors. The structures can be modified on the screen and reviewed as part of the text in which they will be printed out. A single print wheel of 96 "petals" can produce more than 180 characters including the most commonly used Greek letters, chemical and mathematical symbols, the circled letter R to indicate a registered trade mark and the circled C for the copyright sign. Exxon Office Systems, Expro House, 21 Dartmouth Street, London SW1.

Boots buy Optrex in £9m deal

Boots industrial division has acquired Optrex from Hoechst UK Ltd (*C&D* Jan 15 p184). The purchase price for the share capital is £4.41m and Hoechst will also receive repayment of loans amounting to £4.84m from Optrex.

The acquisition fits in with the division's expansion of its consumer products business and Boots see good opportunities for several products in the Optrex range. A spokesman told *C&D* that Pharmacin would be "evaluated very carefully as a priority". Distribution of Optrex products in the UK will eventually be through Boots subsidiary, Crookes Products Ltd, but until notified otherwise the trade should continue to place orders through existing Optrex channels. Distribution overseas will be through Boots' subsidiary companies and agents. Most Optrex products are manufactured under contract and the spokesman said that existing contracts will be honoured.

Optrex Ltd turnover is in the region of £7m and it is understood that the product range is "profitable", with Optrex having made a small profit contribution to Hoechst.

The future management of Optrex had not been revealed as *C&D* went to press but "some redundancies" are anticipated. Hoechst, while retaining a world-wide interest in consumer medicines, feel that the Optrex range no longer fits with their long term plans.

Wm Ransom profits halved on ½ yr

First-half profits at Wm Ransom & Son fell £89,000 to £65,000 in the six months to September 30, 1982, on sales down £39,000 to £1.48m. The company attribute this decline to difficult trading conditions both at home and abroad.

All export markets, particularly West Africa, have suffered from the world recession, although a lower pound is expected to bring some relief in the coming year. Although much will depend on good sales this month and next, chairman Michael Ransom expects there to be a significant improvement in profits in the second six months.

More Business News overleaf

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Production decline: CIA blame imports

Latest production figures from the Central Statistical Office show UK chemical output in the first 11 months of 1982 down 0.5 per cent on 1981, 9½ per cent down on 1979's figure.

Pharmaceuticals are among the few sectors to record any net gain over the past 3 years. The Chemical Industries Association point to poor demand from UK customers, who have increasingly looked to overseas suppliers. Imports' share of the home market has increased from 32 per cent in 1979 to nearly 40 per cent last year.

ICI oral infection research grants

Among research grants totalling £575,000 received by the University of Glasgow have been two for research into aspects of mouth and gum diseases and infections.

ICI have awarded grants totalling £28,482 to a team head by Dr T. Wallace MacFarlane, of the Department of Oral Medicine & Pathology at the University's

Dental School. The first grant is to investigate factors controlling adhesion of *Candida albicans* to oral surfaces, and to develop and test drugs which will prevent adherence taking place. Chronic infection of the palate under dentures and acute infections of the tongue and cheeks caused by the yeast *Candida albicans*, are relatively common.

The second ICI grant is to develop microbiological tests to assist in the clinical assessment of patients with periodontal disease. It is hoped that these tests will help dentists to select the patients who are at special risk of early tooth loss for intensive treatment, and also to check that therapy for all patients has been effective.

Toothpaste standard

The British Standard for testing toothpaste abrasivity has been revised to allow assessment by measuring the depth of an abraded groove with a profilometer.

Previously the assessment involved a radiotracer method, which will now be used as a reference in the event of dispute.

Brushing machines, as specified in BS 5136, are available through the Engineering Services Department of the Quality Assurance division, British Standards Institute.

The Laboratory of Government

Chemists offers a testing service using either method. Standard reference paste as required by BS 5136 is available in limited quantity from LGC, Cornwall House, Stamford Street, London SE1.

Briefly . . .

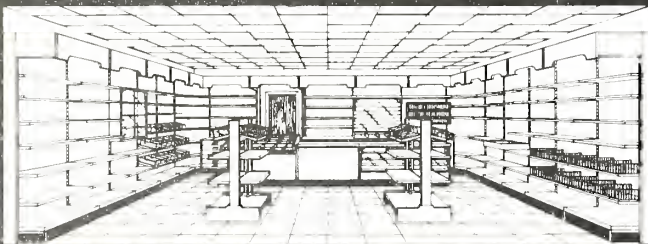
■ **Walsall Labelling Systems's** new address is PO Box 26, Midland Road, Walsall WS1 3QL.

■ **Shulton (Great Britain) Ltd** have changed their address to Shulton House, Alexandra Court, Wokingham, Berks RG11 2SN.

■ **Organon Laboratories'** head office moves to Cambridge Science Park, Milton Road, Cambridge CB4 4BH (tel 0223 355545) on February 28. Orders should continue to go to the company's premises at Newhouse, Scotland.

■ **Paternoster Stores — now renamed Woolworth Holdings** — are removing from sale half of the twenty-four Woolworth stores put on the market by the previous management. This may prove to be only a temporary reprieve however, as the idea is only to further review the performance of these outlets. USDAW newspaper *Dawn* lists the affected stores as those at Leeds, Nottingham, Derby, Manchester, Blackpool, Burnley, Holloway, Lewisham, Putney, Dundee and Edinburgh.

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MARKET NEWS

Big jump in price of aloes

London, February 8: There was a big rise in the price of aloes during the past week. For several months now supplies from the Cape have been difficult whilst the Curacao variety has been unquoted since last August. At £1,975 metric ton the shipment price for Cape shows a rise of £425 metric ton on the week, while the Curacao is about £100 higher than it was when last quoted.

Dearer among botanicals were cascara, cherry bark and liquorice root, while gentian root and kola nuts were easier. Cochin ginger was lower and pimento higher in an otherwise unchanged market for spices.

Although the price of Brazilian peppermint oil at the end of last week was little different from that of the week previous, trading in the oil remained active. Some sellers during mid-week appeared anxious to take their profits and business was done at £12 kg cif, but by the end of the week £13.75 was judged to be the level. Menthol from Brazil moved up 15p kg in both positions. Elsewhere among essential oils petitgrain was down by 35p kg but was still £1 dearer than a month previously. Some Chinese oils were marked up for shipment to compensate for the higher US dollar against sterling.

Crude drugs

Aloes: Cape £1,905 metric ton spot; £1,975 cif. Curacao £6,950 cif.

Balsams: (kg) Canada: unquoted. **Copaiba:** Spot £4.35; £4.60, cif. Peru: £8.20 spot; £8.10, cif. **Tolu:** Spot £5.30
Benzoins: £152 cwt, cif.
Camphor: Natural powder £10.50 kg spot; £9.85, cif. Synthetic 96% £11.50 spot; £11.17, cif.
Cascara: No spot; £1,540 metric ton, cif.
Cherry bark: No spot; £1,825, metric ton, cif.
Gentian root: No spot; £2,590 metric ton, cif.
Ginger: Cochin £1,400 metric ton spot and cif. Jamaican No. 3 £1,950, cif. Nigerian split £700, cif. Indonesian £625 spot.
Kola nuts: £240 metric ton spot; £230, cif.
Liquorice: Root, no spot; £670 metric ton, cif. Block juice £1,400 metric ton spot; spray-dried powder £1,900.
Menthol: (kg) Brazilian £7.65 spot; £7.45, cif. Chinese £7.50 spot; £7.05, cif.
Pimento: Jamaican £2,000 metric ton spot and cif.
Sarsaparilla: Mexican £2,410 metric ton, cif.
Tonquin beans: £7.95 kg, cif.
Essential oils

Anise: (kg) Spot £12.50; £11.75, cif.
Camphor: White £1.35 kg spot; £1.25, cif.
Cananga: No spot; £27.25, kg, cif.
Cinnamon: Ceylon leaf no spot; £4.25 kg, cif; bark English-distilled, £155.
Citronella: Ceylon £2.30 kg spot; £2.24, cif. Chinese £3 spot; £3.25, cif.
Peppermint: (kg) Arvensis — Brazilian £14 spot; £13.75, cif. Chinese £4.75 spot; £4.65, cif. American piperata £13.50.
Sandalwood: Mysore £75 kg spot. East Indian £72 kg spot.
Spearmint: Chinese £9.65 kg spot; £9.80, cif. American from £15.75 spot.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include Value Added Tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Guild to celebrate diamond jubilee

The Guild of Hospital Pharmacists was formed in 1923 and to celebrate its diamond jubilee three special events will be held in London in September. On September 10 there will be a dinner at the House of Commons (cost £25). Mr J. Fish, vice president, will talk on the history of the Guild at 11am on September 11. A reception and buffet will follow at 12.30pm. Details from *Mr T. Hanley, GHP/ASTMS, 79 Camden Road, London NW1 9ES.*

Western Regional Health Authority and chairman of the Health Education Council; Michael Bett, personnel director at British Telecom; and Jim Blyth, group finance director with United Biscuits. Support staff will be drawn from both the DHSS and private industry. The team have not been asked to make a formal report, but are required to advise Norman Fowler on their progress by the end of June.

Pharmacist joins Steinhard

■ **Mr S. Driver, MPS,** becomes production manager of M.R. Steinhard Ltd. He previously worked with R.P. Scherer and Merck Sharp and Dohme.

■ **Willows Francis Veterinary.** Lydia Brown has been appointed veterinary information officer.

■ **Rowenta (UK) Ltd:** Mrs Mary Denby is appointed financial assistant. Mrs Louise Payne joins the company as accounts assistant.

Social benefits of medicines course

The Office of Health Economics is organising a three day course at Brunel University on the Measurement of Social Benefits of Medicines from May 16-19. This will be based on recent advances developed by economists and doctors using techniques such as "health indicators" to measure improvements in well-being following therapy. Details and forms of application from *Mrs Tina Scoones, Office of Health Economics, 12 Whitehall, London SW1.*

Monday, February 14

Southampton Branch, Pharmaceutical Society, Postgraduate medical centre, at 7.30pm. Mr F. McGuinn, consultant, on "The role of the pharmacist in the after-care of stoma."

Plymouth Branch, Pharmaceutical Society, Derriford Board Room, at 8pm. Dr W. L. Court on "Herbal medicine—origins and historical development, theories of herbal medicine, formulation, standards, future possibilities."

Swindon Branch, Pharmaceutical Society, King's Arms Hotel, Wood Street, Swindon, at 8pm. Dr P. Redfern on "Recent advances in the treatment of Parkinson's disease."

Tuesday, February 15

Ayrshire Branch, Pharmaceutical Society, Balgarth Hotel, Dunure Road, Ayr, at 8pm. Drs Cambell, Ferguson and McPherson, on "U100 insulin."

Epsom Branch, Pharmaceutical Society, Bradbury Postgraduate medical centre, Epsom District Hospital, at 7.45pm. Dr J. W. Maund on "Lice."

Fife Branch, Pharmaceutical Society, Anthony's Hotel, Kirkcaldy, at 7.45pm. Mr A. Kirkwood, political advisor to David Steel MP, on "Pharmacy at Westminster."

Wednesday, February 16

Crawley, Horsham & Reigate Branch, Pharmaceutical Society, Boots Ltd, Queens Square, Crawley, at 7.30pm. Chairman's evening — guest of honour, Mr W. H. Howarth, president, Pharmaceutical Society.

Thursday, February 17

Bedfordshire Branch, Pharmaceutical Society, Bird in Hand, Henlow Camp Crossroads, at 8pm. Debate proposed by Mr R. Orkney, opposed by Mr L. Robertson on "The use of computers is not relevant to the practice of pharmacy."

Leeds Branch, Pharmaceutical Society, The Golden Lion Hotel, at 8pm. Speaker Mr B. Silverman, member of Council.

Southend Branch, Pharmaceutical Society, Basildon Postgraduate medical centre, at 7.30pm. Computer evening.

Worthing Branch, Pharmaceutical Society, The Beach Hotel, Marine Parade, Worthing, at 8pm. Mr F. Gregory on "Windmills, their history, design and development."

Advance information

Isle of Wight Branch, Pharmaceutical Society, Ventnor Towers Hotel, Maderia Road, Ventnor, Friday, March 25. Annual dinner — guest speaker Mr Stephen Ross MP.

South East England Region, Pharmaceutical Society, Postgraduate course on "Blood and nutrition", to be held at Brighton April 18-21 and September 5-8. Details from Dr R. W. Daisley, Department of Pharmacy, Brighton Polytechnic, Moulsecomb, Brighton BN2 4JG.

National Pharmaceutical Association. A series of meetings to explain the Statutory Sick Pay Scheme, to commence at 8pm, with speaker Mr M. J. King MPS, will take place as follows: — February 16, Boyd House, Victoria Park, Manchester; February 17, Harshill Medical Institute, Stoke-on-Trent; February 23, School of Pharmacy, UWIST, Cardiff; February 24, Parkway Hotel, Leeds; February 28, School of Pharmacy, Brunswick Square, London; March 1, Crest Hotel (M6 junction 2), Coventry; March 3, Bird in Hand, Henlow; March 7, Crest Hotel, Bristol; March 8, Leighnmohr House Hotel, Ballymena; March 9, Lecture Hall, 73 University Street, Belfast; March 10, Health Centre, Legahory, Craigavon; April 13, Angus Hotel, Dundee; April 14, Merchant Hall, Glasgow. Information from NPA, Mallinson House, 40 St Peter's Street, St Albans, Herts.

Dundee Branch, Pharmaceutical Society, Thursday, March 17, Lecture Theatre 3, Ninewells Medical School, at 7.30pm. Mrs M. Sharpe on "The drug addict: his problems, his treatment, and cure."

Afro Hair & Beauty 83 Exhibition, Grosvenor House Hotel, March 19-20. 32 stands with cosmetics, hair products, fashion and jewellery. Inquiries to Trident PR Ltd, Lansdowne House, Lansdowne Road, London W11 3LP (telephone 01-229 8225).

Welada retailer training seminars. February 23, Cumberland Hotel, London; March 20, Ilkeston; April 18, Southampton; May 5, Oxford; May 23, Newcastle upon Tyne; June 16, Cardiff; September 11, Edinburgh; September 28, Chester; October 17, Plymouth; November 13, London. Details from Penny Viner, Welada (UK) Ltd, Heanor Road, Ilkeston, Derbyshire DE7 8DR (0602 303151).

Tomorrow's shopping environment. Cavendish Conference Centre, London W1 on March 16. Fee £60 to URPI members, £110 to non-members. Details from Unit for Retail Planning Information Ltd, 26 Queen Victoria Street, Reading RG1 1TG.

Lancaster Branch, Pharmaceutical Society. Study day on respiratory diseases at the Postgraduate centre, Ashton Road, Lancaster on March 6. Fee £3 for lunch. Applications to Mr R. Harrison, "Tresanton", 2a Rydal Road, Lancaster LA1 3HA.

APPOINTMENTS

Sainsburys MD to head NHS inquiry

A team of four top businessmen, headed by Sainsburys managing director Roy Griffiths, have been appointed to advise the Government on effective use of NHS manpower and resources.

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The team is completed by Sir Brian Bailey, former chairman of South

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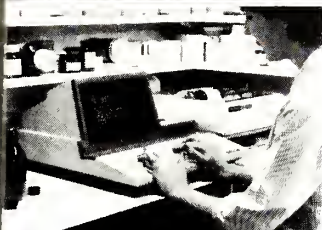
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